

**Burnett Foundation  
Aotearoa**

# **Briefing to the Incoming Parliament**

**2023 – 2026**





# Introducing Burnett Foundation Aotearoa

As the New Zealand AIDS Foundation, our organisation has been at the forefront of the community response to HIV and AIDS in Aotearoa New Zealand for nearly 40 years. In June 2022, we re-branded as Burnett Foundation Aotearoa, in honour of Bruce Burnett, one of the heroes who founded our organisation.

Although we remain incredibly proud of the world-leading successes of the New Zealand AIDS Foundation, we felt that name no longer captured the breadth of the mahi we do, nor did it reflect the current landscape of HIV, AIDS, and STIs in Aotearoa New Zealand now. Building on both the successes and lessons of the past, we are striding into the future with both a new name and ambitious new targets to affect positive changes to public health in Aotearoa New Zealand.

Burnett Foundation Aotearoa is a registered charity and non-governmental organisation funded through contracts with Te Whatu Ora and independent fundraising to work towards HIV and STI prevention, support for people living with HIV, and great sexual health for rainbow and takatāpui communities. Our work includes health promotion, condom distribution, testing, counselling and support, research, policy, and information services. Burnett Foundation Aotearoa advocates for healthy public policy and environments that support people living with HIV and rainbow and takatāpui communities.




# Tēnā koutou

The [National HIV Action Plan for Aotearoa New Zealand 2023-2030](#) has established the ambitious goal of being the first nation in the world to eliminate both local HIV transmissions and deaths due to AIDS-related causes, and ensure people living with HIV have healthy lives free from stigma and discrimination.

Alongside a renewed focus on public health that has been prompted by COVID-19, we call on our Government and Parliament to work with us to achieve this goal and become **HIV History Makers**.

Burnett Foundation Aotearoa is well placed to act collaboratively with fellow non-governmental and community organisations, community members, and government agencies to contribute toward this courageous goal, however we need continued funding to do so.

We have identified the following priorities for this Parliament, Government, and Minister of Health to become HIV History Makers:

 **Accelerate the decline of new HIV infections to be ready for 2030 elimination**

 **Maximise quality of life for people living with HIV**

 **Let communities lead**

We look forward to working with you over the next three years to create meaningful outcomes for our communities.

Ngā mihi nui,



**Joe Rich**  
Chief Executive



# Our vision

We envision an Aotearoa with zero HIV transmissions, where all people living with HIV thrive, and rainbow and takatāpui communities enjoy great sexual health.

Burnett Foundation Aotearoa contributes toward this vision by:

- Supporting all people living with HIV to access appropriate services.
- Delivering community-led and evidence-based health promotion and services for rainbow and takatāpui communities, including those living with HIV.
- Advocating for healthy public policy and supportive environments for our communities.
- Providing support and education to other organisations and the health system to meet the needs of the communities we serve.
- Prioritising the meaningful involvement of people living with HIV.
- Honouring our Te Tiriti o Waitangi commitments.



# Our goals



## **Focus Area One:**

Increase access to prevention, early detection, and prompt treatment of HIV and STIs.



## **Focus Area Two:**

Support the wellbeing of people living with HIV.



## **Focus Area Three:**

Great sexual and reproductive health for rainbow people and takatāpui.



## **Focus Area Four:**

Sustainable organisational success.

# What works

Scientific advances have completely changed the landscape of HIV. We now have a range of tools to prevent HIV transmission and the development of AIDS, and increase the quality of life for people living with HIV.



## Prevention

### Pre-Exposure Prophylaxis (PrEP)

PrEP is a medication taken by someone who is HIV-negative and at risk of HIV infection; when taken as prescribed, it is highly effective (up to 99%) at preventing HIV.

### Post-Exposure Prophylaxis (PEP)

PEP is a combination of medications given to someone within 72 hours of likely exposure to HIV, in order to prevent transmission.

### Condoms

Condoms are the only prophylactic that prevents HIV as well as many other STIs.



## Testing

Early diagnosis greatly reduces the health burden of HIV and is essential to preventing the development of AIDS, allowing people living with HIV to live healthy and fulfilling lives.

Regular testing is also essential to breaking the chain of new HIV and STI infections.



## Treatment

Research demonstrates that the sooner people diagnosed with HIV begin receiving antiretroviral therapy (ART), the better their health outcomes. Someone who is consistently on effective ART can live a long and healthy life, eliminating the threat of developing AIDS. Taking medication is always a personal decision, however, and Burnett Foundation Aotearoa supports the right of people living with HIV to self-determination and bodily autonomy.

According to the World Health Organization, people living with HIV with access to effective medication can reduce their HIV viral load to undetectable levels, making them unable to transmit HIV through sexual intercourse, even if condoms or other prevention tools are not used. In other words, there is **zero risk** of transmitting HIV to their sexual partners.



# Undetectable = Untransmissible, or U=U



Syphilis is a sneaky bitch

TRANS  
PEOPLE ARE  
WHĀNAU

# Accomplishments so far



Raised awareness of growing rate of syphilis, particularly among men who have sex with men (MSM), with our “Better Safe Than Syphy” campaign.

Redesigned our website to offer new interactive tools like “[Have I Been Exposed?](#)” “[Facts & Myths](#)” “[Tell Me Tool](#)” and “[How Often Should I Test?](#)”

Partnered with HIV sector to successfully advocate for the removal of HIV from the list of high-cost conditions within immigration policy.

Worked with the HIV sector to release the [Aotearoa New Zealand People Living with HIV Stigma Index 2020 Report](#).



2020

Expanded availability of HIV self-testing kits in vending machines at local venues where MSM frequently find community.

During COVID-19 lockdowns, we distributed 850 home test kits — an average of 120 per week, compared to the usual average of 50 units per week — a 140% increase!

Held another successful Big Gay Out, with new addition of pronoun caps designed to encourage sharing and respecting pronouns.

In 2020, the first babies from [Sperm Positive](#) — the world’s first sperm bank with HIV positive donors — were born happy and healthy thanks to the donations to this programme!

We led Sweat With Pride—a healthy movement and fundraising campaign — raising \$375,000 to support the work that we, RainbowYOUTH, and OutLine do for our communities.

Launch of our Environmental Sustainability Action Plan, which provides a list of actions and goals that will help us address our sustainability commitments.

2021

Launch of our organisational Meaningful Involvement of People living with HIV (MIPA) Action Plan, giving us clear actions and goals to effectively and meaningfully involve people living with HIV across recruitment, in leadership, and to inform services and programming.

We have continued to see a dramatic expansion in the overall geographic accessibility of our services since COVID-19, with the majority of services now being offered at home or online as well.







New Zealand AIDS Foundation officially relaunched ourself as Burnett Foundation Aotearoa.

Successfully advocated for STAT dispensing of PrEP, meaning patients can now pick up a 3-month supply at the pharmacy.

AIDS Epidemiology Group (AEG) announced the lowest rate of new transmissions of HIV among MSM since 2001.

Our campaign “Keep Clean to the Shower” tackled HIV stigma and discrimination, reaching 350,000 people across four weeks!

Partnered with Te Whatu Ora to create successful health promotion materials to curb the impact of the mpox pandemic in Aotearoa New Zealand.

Successfully advocated for Pharmac’s expansion of eligibility for PrEP, making it available to an estimated 2,000 additional people per year.



We hosted another successful Big Gay Out, making it carbon neutral for the first time.

The HIV Action Plan was launched at Big Gay Out, committing to \$22.6 million funding across five years.

Burnett Foundation Aotearoa launched our Rautaki Māori Action Plan, positioning us to move together with Māori to deliver great health outcomes, promote mana ōrite (equity), and respect tino rangatiratanga (self-determination), all underpinned by Te Tiriti o Waitangi.

So far, 30 staff and 1 board member have completed Te Kaa Māori cultural competency programme.

2022

Sweat with Pride raised over \$629,000 for Burnett Foundation Aotearoa, Rainbow Youth, and Outline.

We delivered HIV health training to 110 healthcare providers, with 100% of participants reporting it led them to be “better equipped to provide more comprehensive primary sexual healthcare to MSM and people living with HIV.”

Agreement reached with Asia Pacific Healthcare Group to further expand STI self-testing services into areas with disproportionate rates of STIs, including Waikato, Bay of Plenty, and Gisborne.

Burnett Foundation served as a key partner in the [Sex and Prevention of Transmission Study \(SPOTS\)](#), led by Universities of Auckland and Otago, focusing on sex between men, HIV prevention, and blood donation in Aotearoa New Zealand.

2023

Our new Hononga Takatāpui fund was distributed to 11 recipients with kaupapa ranging from a takatāpui-led zine to Te Tīmatanga during Auckland Pride.

Expanded upon our previous success to develop and deliver free educational modules to educate clinicians on PrEP, managing STIs, and MSM sexual health.

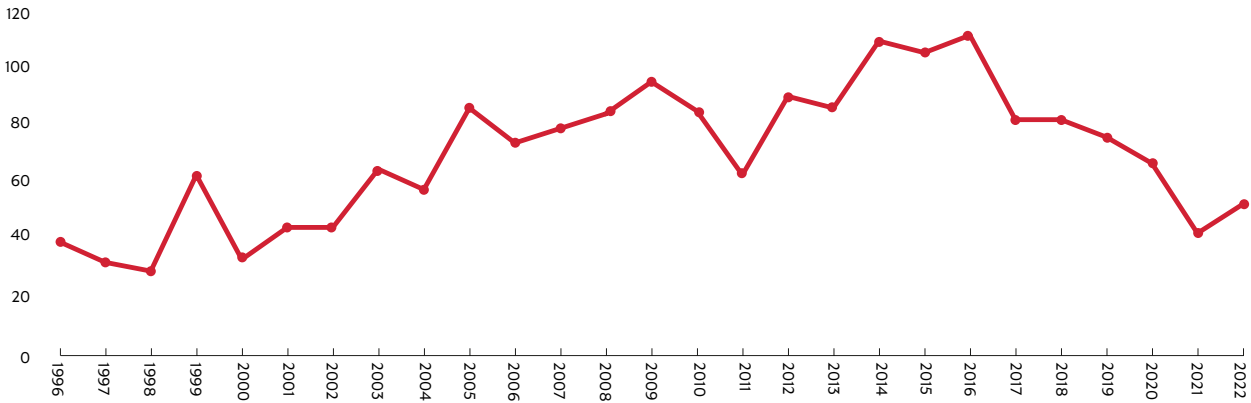
Administered 6,548 HIV tests—our 2nd highest year of testing on record.

Continued to partner with NZ Drug Foundation to deliver ReWired, a non-judgemental program for MSM who want to change their relationship with methamphetamine.

Sweat with Pride raised \$644,000 for Burnett Foundation Aotearoa, Rainbow Youth, and Outline.

# The situation in Aotearoa New Zealand: HIV and STIs

HIV diagnosed and acquired in Aotearoa New Zealand, total



Source: AIDS Epidemiology Group (AEG), 2023

In 2016, we saw the greatest number of new HIV notifications ever recorded, with 244 new diagnoses. However, Aotearoa New Zealand has seen a declining rate of new HIV infections since then. In 2022, we saw a slight increase in number of cases from 2021, but there are some uncertainties about the impact of the COVID-19 pandemic on access to testing.

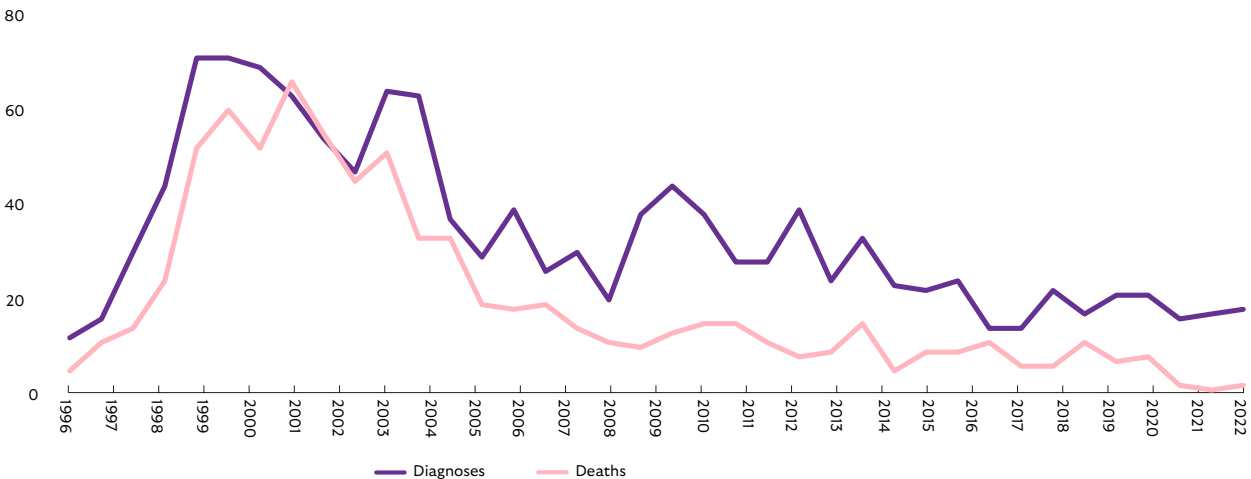
**Between 2016 and 2022, locally acquired cases declined by 52%.**

This decline means we are seeing the continued impact of local HIV prevention, like PrEP and condom use, and HIV testing efforts that allow for people to be diagnosed early and access medication to live healthy lives without the risk of passing HIV to their sexual partners. This is great news!

We have also seen a decline in both diagnoses and deaths due to AIDS.

This means more people are testing regularly, so we're able to get people into treatment early. It also means access to effective, affordable medication is improving the health of people living with HIV.

AIDS diagnoses and deaths in Aotearoa New Zealand



Source: AEG, 2023

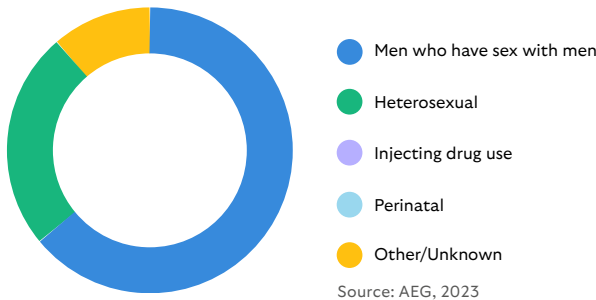
**In Aotearoa New Zealand, men who have sex with men (MSM) are disproportionately affected by HIV.**

Recent research shows that MSM continue to have a **348x greater risk of HIV** than heterosexual people in Aotearoa New Zealand.<sup>1</sup>

Source: [Saxton et al. \(2021\)](#)

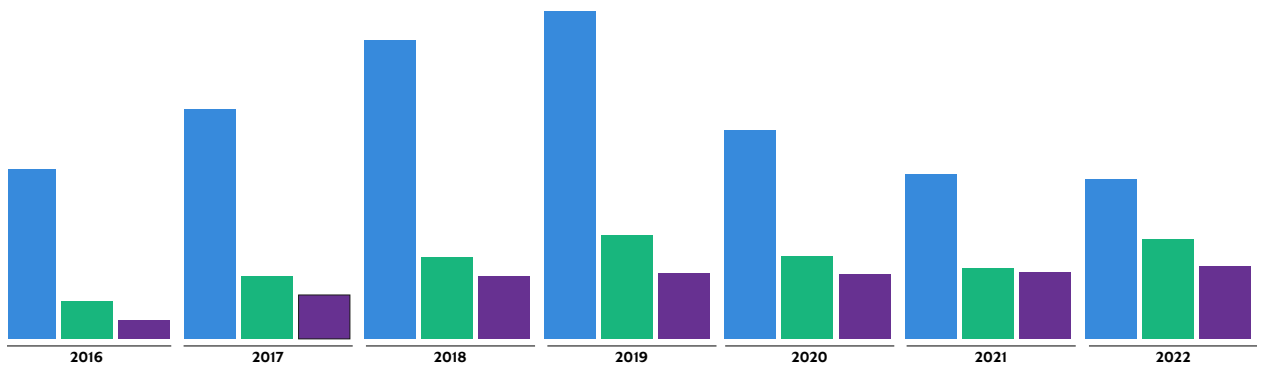
**42% of MSM diagnosed with HIV between 2019-2022 had low CD4 cell counts, which suggests they have been living with HIV but undiagnosed for a long time. This indicates a need to improve opportunities to test and access care.**

**HIV acquired and diagnosed in Aotearoa New Zealand, 2022**

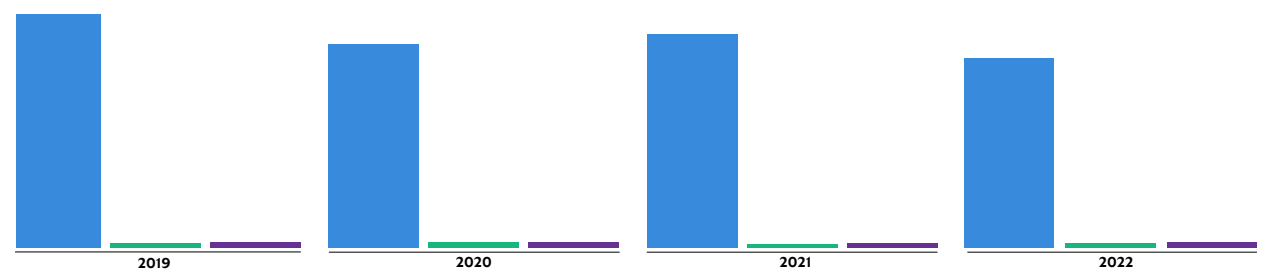


**Although HIV rates are declining, MSM continue to experience increasing rates of syphilis, gonorrhoea, and chlamydia.**

**Rates of infectious syphilis by behaviour**



**Rates of gonorrhoea by behaviour**



Sexual behaviour: ■ Men who have sex with men ■ Men who only have sex with women ■ Women who have sex with men

Source: ESR, 2023

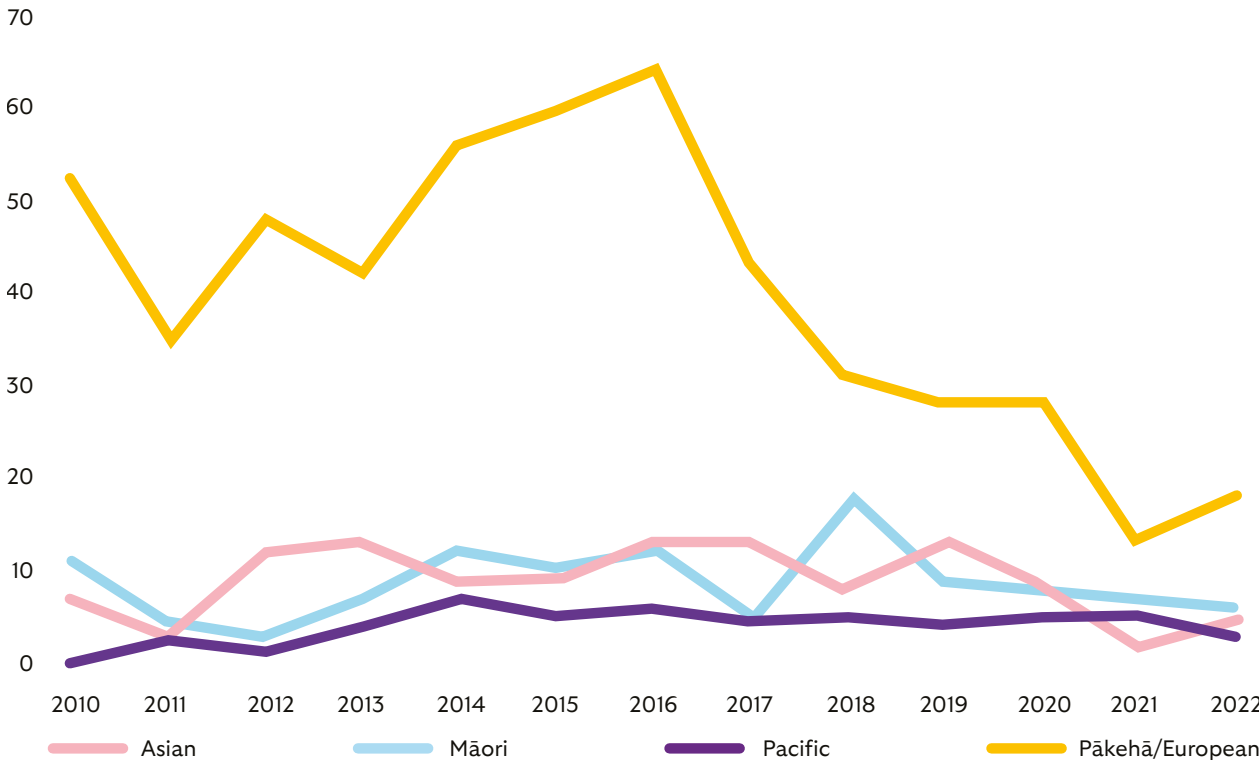


# A closer look

**Examining rates of HIV and other STIs among the total population doesn't tell the full story. To be most effective in lowering the number of new infections, we must target resources toward the populations with the greatest need.**

As we have seen the overall rate of new HIV infections decrease, we have seen an increase in disparities, particularly by ethnicity: the rate of new HIV infections has decreased much faster for European MSM than it has for every other ethnic group.

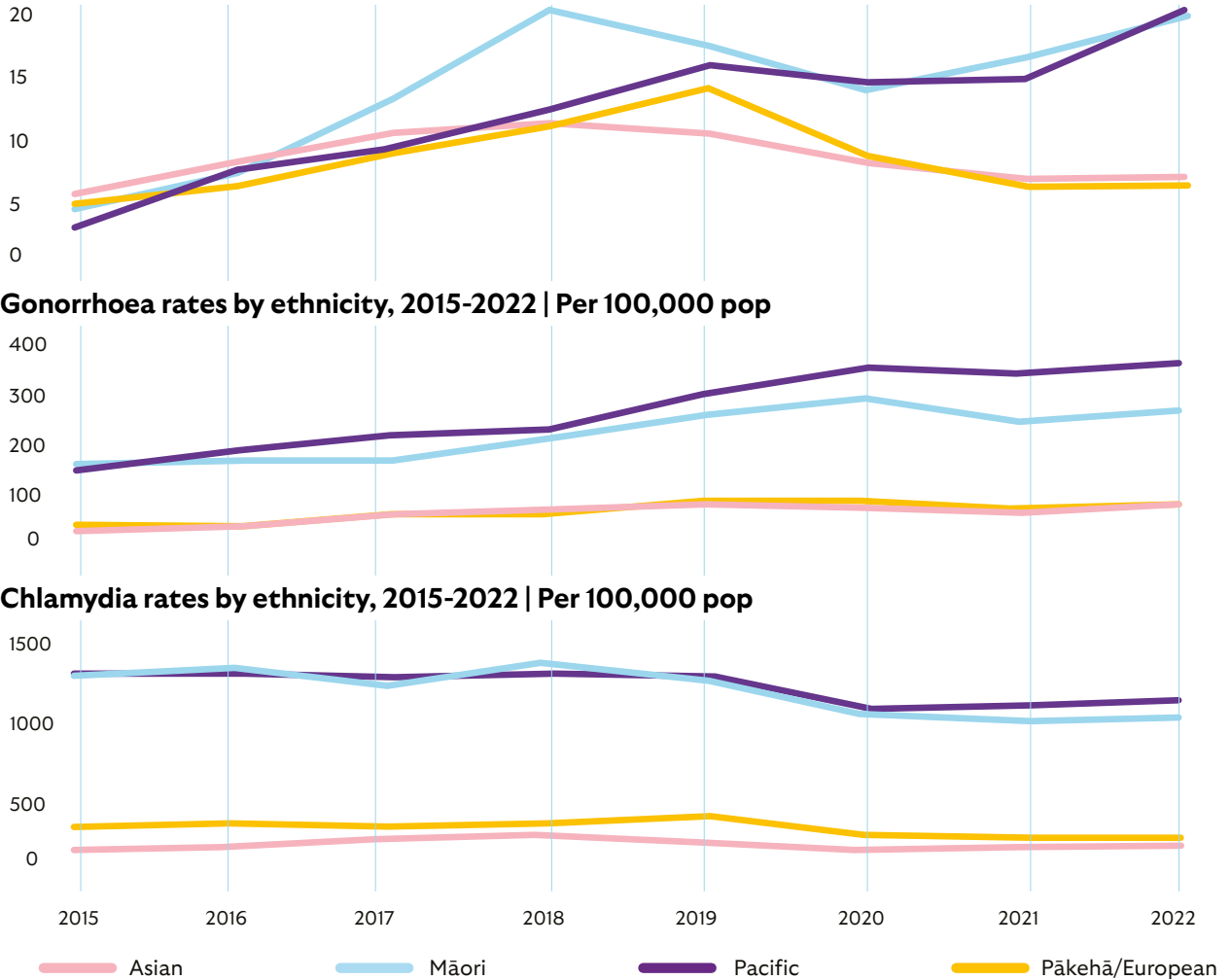
**HIV rates by ethnicity, 2010-2022**



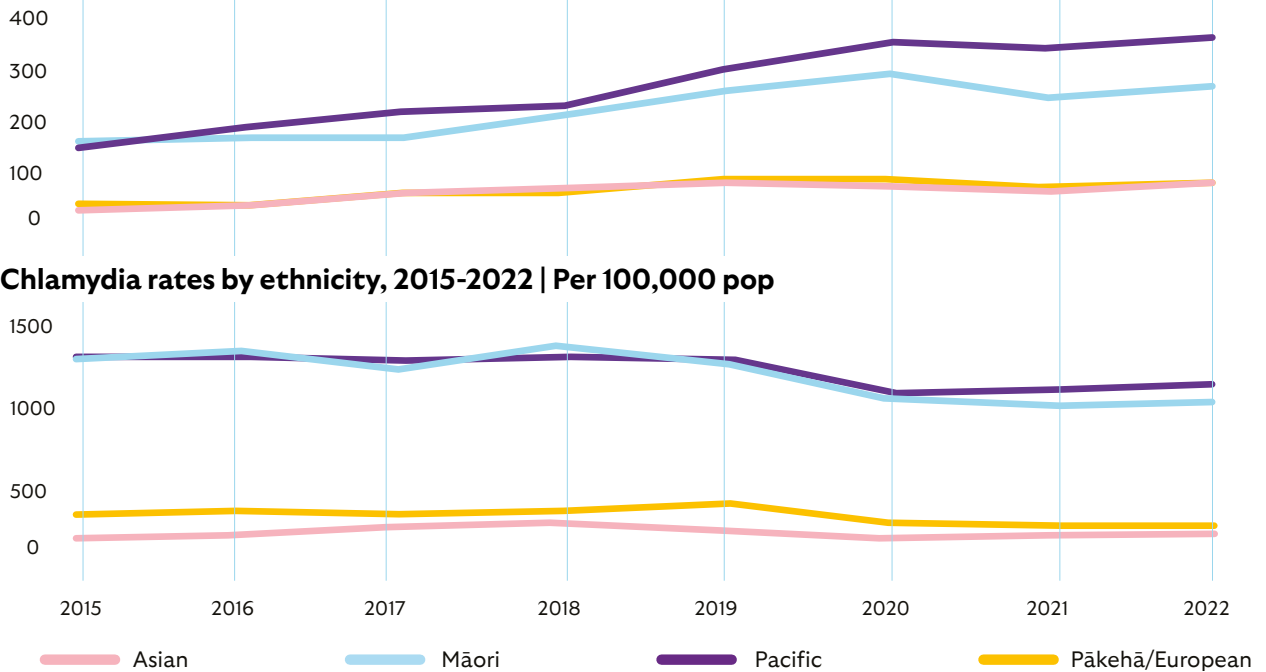
Source: AEG, 2023

**As we pursue the elimination of HIV, it becomes increasingly important to prioritise equitable delivery of health interventions so our history-making progress benefits everyone in Aotearoa New Zealand.**

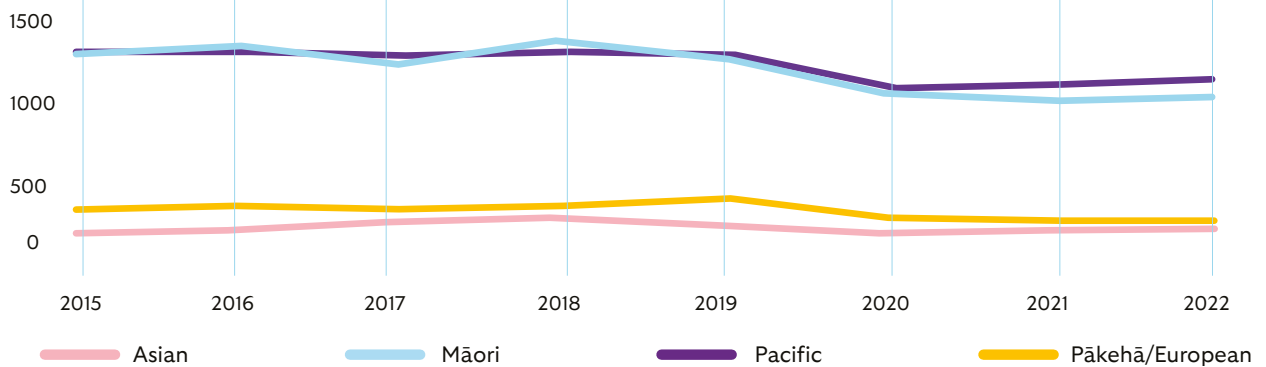
**Infectious syphilis rates by ethnicity, 2015-2022 | Per 100,000 pop**



**Gonorrhoea rates by ethnicity, 2015-2022 | Per 100,000 pop**



**Chlamydia rates by ethnicity, 2015-2022 | Per 100,000 pop**

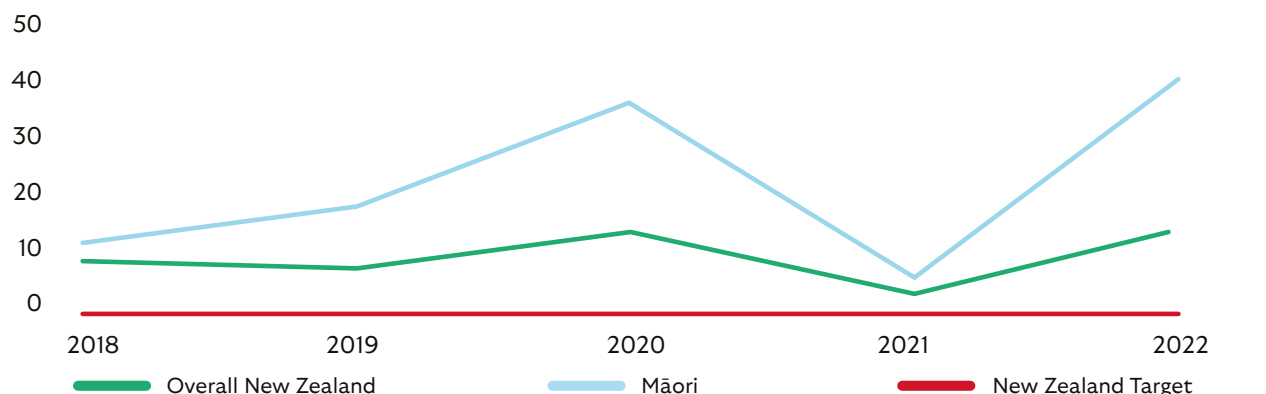


Source: ESR, 2023

**If we do not address health disparities based on race and ethnicity, we risk not only limiting progress, but even going backward.**

Congenital syphilis was **eliminated** in Aotearoa New Zealand until 2016. Its reintroduction disproportionately affects Māori and Pacific peoples, highlighting the scientific basis for antenatal care that is accessible and culturally appropriate.

**Congenital syphilis rates, 2018-2022 | Per 100,000 live births**




Source: ESR, 2023

# So what do we do?

In order to meet our 2030 targets, we need to focus on eliminating disparities in access to both prevention and treatment, as well as support for people living with HIV. That means further empowering individuals and community organisations to provide the kind of targeted interventions that are most effective.

## **We're calling on this Parliament to make HIV history by helping us:**

 **Accelerate the decline of new HIV infections to be ready for 2030 elimination**

 **Maximise quality of life for people living with HIV**

 **Let communities lead**



# Accelerate the decline of new HIV infections to be ready for 2030 elimination

The vision of the national [Sexually Transmitted and Blood Borne Infection \(STBBI\) Strategy 2023-2030](#) is to achieve “An Aotearoa New Zealand where STBBI are prevented and where all people living with STBBI live long and healthy lives free from stigma and discrimination.” Within this overarching structure sits the [HIV Action Plan](#), [Hepatitis C Action Plan](#), and [National Syphilis Action Plan](#).

Burnett Foundation Aotearoa is especially focused on the National HIV Action Plan for Aotearoa New Zealand 2023-2030, which represents a turning point in our country’s response to the HIV epidemic, as we seek to eliminate new local HIV transmissions by 2030.

Globally, elimination of HIV is defined as 90% fewer infections from 2010. Using the baseline number of 85 local HIV infections acquired in 2010, we would need to see no more than 9 new, locally acquired HIV transmissions to achieve our 2030 goal. Doing so requires greater reductions in new, local transmissions each year. By the 2026 end of the Parliamentary term, we need to see no more than 20 locally acquired transmissions.

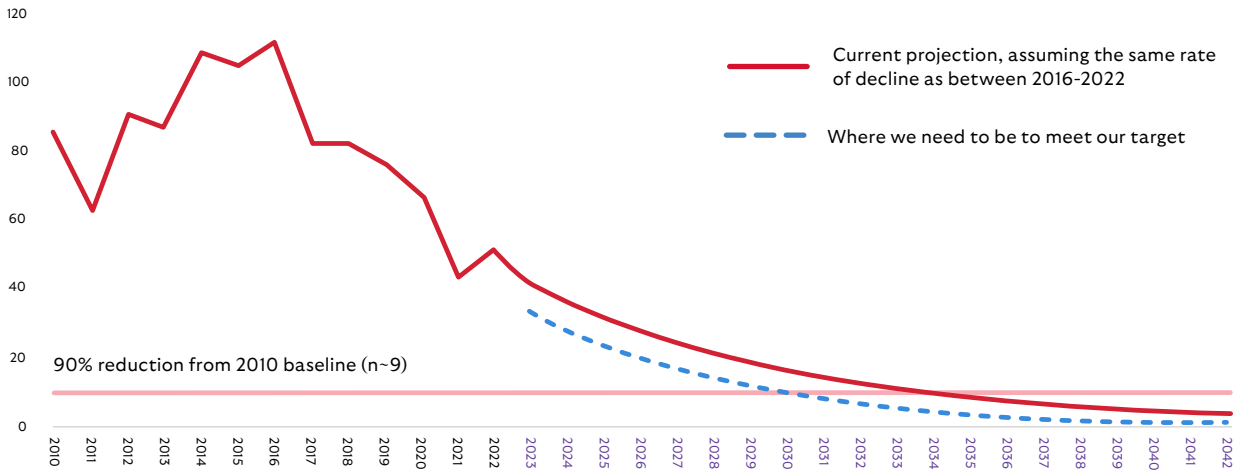
**Although rates of HIV are declining, they are not doing so quickly enough to eliminate new, locally acquired HIV infections by 2030. We MUST step up the pace to meet our target!**

Some of the most significant gaps in Aotearoa New Zealand’s approach so far include:

- incomplete funding for all plans within the STBBI Strategy
- lack of coordination and funding within the sexual health sector
- the difficulty temporary migrants have accessing funded PEP, PrEP, or HIV/STI testing.

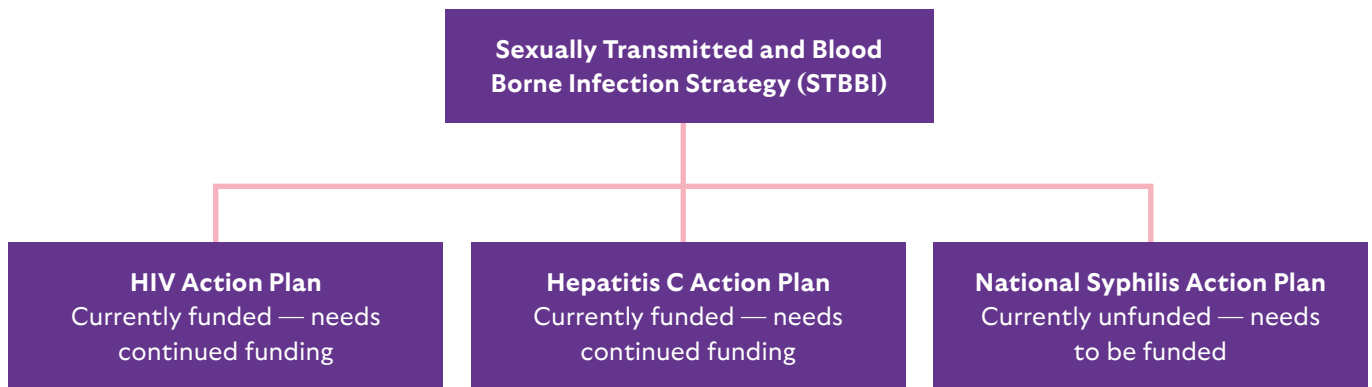
**Expanding temporary migrants’ access to HIV prevention medication and testing is one of the most impactful and cost-effective ways to decrease new, local HIV transmissions, as it is both easier and cheaper for our health system to prevent HIV than it is to treat it long term.**

### Projections - Total



Source: AEG, 2023





To achieve better, more efficient results, we should approach sexual health in Aotearoa New Zealand from a holistic perspective. One way to begin this would be funding for all plans under the STBBI Strategy, including research to support our surveillance efforts and to make continuous improvements to our service delivery.

Each of these public health concerns is interconnected. By providing the resources to ensure a coordinated response, we would be able to combat them all at once and we would give ourselves a better chance of meeting health targets at an accelerated pace. We would also be reducing the disparities in health outcomes between different populations.

**Recommendations:**

1. Continue to fund organisations like [Burnett Foundation Aotearoa](#), [Body Positive](#), [Positive Women Inc](#), and [Toitū Te Ao](#), so we can do what we do best: provide effective care to our communities.
2. Continue to fund the HIV Action Plan, consulting with community in the development of the yearly Implementation Plans.
3. Fund the STBBI Strategy 2023-2030, and all plans within it.
4. Expand temporary migrant access to PEP, PrEP, and HIV and STI testing.

## Fast-track targets:

**We are committed to the 2014 UNAIDS targets of:**

- 90% of people living with HIV know their status**
- 90% of people living with HIV are accessing treatment**
- 90% of people receiving treatment are virally suppressed**

**But we can do better.** Globally there has been a shift which has reframed the targets to be more ambitious, aiming to bridge inequities and accelerate the decline of new infections, for:

- 95% of people living with HIV know their status**
- 95% of people living with HIV are accessing treatment**
- 95% of people receiving treatment are virally suppressed**
- ZERO discrimination**



## Maximise quality of life for people living with HIV

**‘Elimination’ of new, local transmissions does NOT mean no one in Aotearoa New Zealand will have HIV, or even that the total number of people living with HIV in the country will decrease; it means we are aiming for no *new* transmissions of HIV within Aotearoa New Zealand by 2030. Since the beginning of this epidemic, people living with HIV have always been treasured members of our communities, and are the most important partners on our path to making HIV history.**

Although modern medication has thankfully dramatically improved the physical health of people living with HIV—allowing them to be just as healthy and live just as long as those who are HIV-negative—new research shows that stigma and discrimination still have substantial adverse impacts on their quality of life.

### The Stigma Index

The People Living with HIV Stigma Index 2.0 is a tool to measure the extent of stigma and discrimination experienced by people living with HIV. More than 100 countries have implemented the Stigma Index, and for the first time we, along with other community organisations, ran the project in Aotearoa New Zealand, publishing results in 2020. It found:

- high levels of discrimination because of HIV status, both in employment and in healthcare settings, particularly in rural communities
- nearly half of participants reported having a mental health condition such as depression, anxiety, or insomnia in the past 12 months
- for almost 40% of participants living with HIV, quality of life was considered low or moderate.

Māori living with HIV faced particular difficulties:

- despite many participants reporting they had lived with HIV for two to three decades, it was felt HIV-related stigma and discrimination had not reduced since the first Māori reproductive health and HIV and AIDS national hui in 1995
- 75% of participants had experienced HIV-related stigma and discrimination in the last 12 months
- almost 25% of participants had been the recipient of discriminatory behaviour or attitudes from healthcare staff when seeking care for non-HIV related care.

## Everyone on Board

Combatting stigma and discrimination in order to improve the quality of life of people living with HIV is not only a moral obligation, but also an essential component in the pursuit of public health, and on the road to end new HIV transmissions. Stigma and discrimination also contribute to a culture of fear, silence, and inequity that in turn reproduces the social conditions that lead to new HIV infections:

- **People can only seek healthcare/treatment and break the chain of transmission if they know their status:** 53% of MSM diagnosed in 2022 had likely been HIV-positive for several years without knowing it. People will not get tested if it is not accessible, or if they fear discrimination from their healthcare provider or community. We can begin to address this problem through anti-discrimination training for all healthcare staff, and expanded HIV services that value autonomy, such as self-testing.
- **People living with HIV can reduce their viral load to undetectable levels so there is zero risk of transmission:** However, there is still a limited range of ARTs funded in Aotearoa New Zealand. Increasing Pharmac funding to ensure a wider variety of medications are available and removing barriers to both prescribing and accessing ART would help further this goal.
- **Fear leads to silence:** Aotearoa New Zealand currently criminalises non-disclosure of HIV, even if the person has an undetectable viral load and no HIV transmission has occurred. In addition to being a violation of people's dignity, there is no evidence these laws increase disclosure. Rather, there is significant evidence they dissuade people living with HIV from doing so due to fear. Removing HIV from falling within the definition of grievous bodily harm will advance efforts towards decriminalisation, an important step to end stigma and discrimination, but also to the elimination of new HIV transmissions itself.

## More than Medication

It is important to remember that quality of life for people living with HIV amounts to more than a prescription. Many people living with HIV are takatāpui, gay and bisexual men, and/or otherwise part of larger rainbow communities, and are consequently multiply marginalised due to homophobia, transphobia, racism, and ableism. These issues often manifest as barriers to healthcare, housing, employment, and education. Our work exists within this greater context in the pursuit of equity for all people in Aotearoa New Zealand.

### Recommendations:

1. End the criminalisation of HIV transmission, and let HIV be fully and completely managed by the public health system.
2. Require healthcare training to include current information on HIV and STIs, as well as HIV stigma, racism, transphobia, homophobia, and ableism as public health concerns.
3. Increase Pharmac funding so a wider range of medications are available.
4. Remove barriers to both prescribing and accessing ART.
5. Support a national anti-stigma campaign led by people living with HIV in all their diversity, and representative organisations.





## Let communities lead

**Unnecessary specialisation, red tape, and centralised control lead to everyone having less access to necessary resources. As this Parliament contends with healthcare worker shortages, long wait times to access care, and a mental health crisis, we encourage you to empower and resource both individuals and local communities to engage with the care they need.**

### **Test-and-Treat**

Enabling ease of access to frequent testing, and then efficiently connecting people to ART or PrEP, are the most effective medical interventions available for ensuring the physical health of people living with HIV and preventing onward transmission, and both are dependent on the ease and availability of testing. Although testing is available for free in many sexual health clinics, accessing these clinics can be difficult for people who live rurally, are on very low incomes, are not eligible for funded healthcare, and/or face additional marginalisation because of HIV stigma. Fully funding self-testing across the country would give people greater power over their own health and help reduce the disparities in HIV rates we see between both ethnicities and regions.

### **PEP**

With wait times at emergency rooms, GPs, and other clinics being so long, expanding prescribers of PEP to include pharmacists would help prevent new transmissions, especially in rural communities. Over the past several years, [17 US states have begun allowing pharmacists to prescribe PEP](#), and doing so here would help us meet our 2030 goals.

### **Community Care**

Increasing funding for peer-to-peer counselling and therapeutic support in particular would improve access and relieve pressure on the general health system.

Engaging with representative rainbow and takatāpui communities to deliver Relationship and Sexuality Education (RSE) curriculum that centres consent and bodily autonomy prepares rainbow and takatāpui youth to transition into healthy adulthood. Research clearly demonstrates that if young people use protection from their first sexual encounter, they are more likely to do so for the rest of their lives, thereby minimising the risk of HIV and STI transmission in the future.

Burnett Foundation Aotearoa works in collaboration with other members of the [Rainbow Support Collective](#) (which consists of peer-led LGBTQIA+ organisations) and supports the development of strategic plans, led by rainbow and takatāpui communities, to deliver targeted, effective interventions.

### **Recommendations:**

1. Remove any cost and geographic barriers to HIV and STI testing.
2. Expand PEP eligibility and allow pharmacists to prescribe it.
3. Support the further development and implementation of RSE, led by representative communities.

# Lessons learned: Mpox

## Mpox consultation clinic



Mpox (formerly known as “monkeypox”) is a viral illness that causes painful and itchy lesions on skin and mucosal sites, and is spread via direct contact with skin, bodily fluids, and large droplets. Given that mpox disproportionately affects MSM and their sexual partners, Burnett Foundation Aotearoa were well positioned as an organisation to respond to the outbreak. We developed public health campaigns on how to stay safe, identify symptoms, and how to access testing and ‘consultations’ for an mpox vaccine.

Although the 2022 mpox outbreak was relatively contained, there is much to be learnt from Aotearoa New Zealand’s response. Unlike Australia or countries in North America and Europe, we had no mpox vaccines for the first six months of the global outbreak. In addition, the vaccine remains unapproved, and we are still unable to accurately advertise its availability due to Section 20 of the Medicines Act of 1981.

### Problems Faced:

- The Medicines Act of 1981 required pharmaceutical suppliers to make a specific application directly to Medsafe, even if the medication had been approved by trusted regulators overseas. That meant that even though we received mpox vaccines in January 2023, it was very difficult to scale up delivery.

- The Medicines Act of 1981, Section 20, was interpreted by health agencies as prohibiting use of the word ‘vaccine’ when attempting to distribute mpox vaccines. This meant the medical workforce and organisations like ours struggled to deliver clear public health advice.
- Chronic underfunding and lack of coordination of the sexual health sector meant the providers who were best suited to meet population needs were not empowered or resourced to meaningfully lead.
- Homophobia and sexphobia encouraged stigma, which disincentivises testing and treatment.

### Moving Forward:

- Leadership from community-based organisations was essential, and demonstrates the effectiveness of empowering local, representative communities.
- Urgent reform is needed to streamline Aotearoa New Zealand’s approvals process so we are able to access quality medication faster. The Therapeutics Products Act provided some necessary modernisation, though it does not solve the issue of timely access when companies need to make a separate application to Medsafe.



## How do we know local community can do it?

### We've done it before.

Aotearoa New Zealand's HIV epidemic looks very different from most other countries' because we were world leaders in empowering local communities with lived experience from the beginning.

#### **People who Inject Drugs**

Globally, people who inject drugs have some of the highest prevalence of HIV. [However, in Aotearoa New Zealand only about 1% of people living with HIV acquired their HIV from injecting drug use.](#)

This is because we have had a peer-led needle exchange network in place from the mid-1980s, and in 1987 became the first country in the world to provide a national, state-sponsored, Needle Exchange Programme.

#### **Sex Workers**

In most countries, sex workers are considered at high risk of HIV, but in Aotearoa New Zealand sex workers have a very low prevalence of HIV and [research consistently indicates they are not a significant driving factor of HIV in this country.](#)

The Aotearoa New Zealand Sex Workers' Collective's (NZPC) peer-led model and the 2003 decriminalisation of sex work have displayed the kind of public health results that come from empowered, representative community-led interventions.

#### **Perinatal Transmission**

Aotearoa New Zealand has effectively eliminated perinatal transmission of HIV through accessible testing and early treatment; we have not seen a case since 2007. It is essential this remains a priority in antenatal care, particularly when we contrast these outcomes with the rise in cases of congenital syphilis.

#### **We Keep us Safe**

Peer-led healthcare is neither new nor risky: multiple decades of research from all over the world has demonstrated both its high efficacy and low cost. Giving representative community organisations the power and resources to cut through red tape and get interventions directly where they are needed saves time, money, and lives.

# Be an HIV History Maker

Burnett Foundation Aotearoa are grateful for the resources we have received so far to do this important work, excited by the ambitions of the National HIV Action Plan, and honoured to work in collaboration with government and communities to make HIV history. We have the opportunity to dramatically improve the lives of people living with HIV and be the first country in the world to eliminate new, local HIV transmissions. We are optimistic about the future, and ready to work with this new government as collaborative partners.

