Dr Caroline McElnay
Chair of the Immigration New Zealand and Ministry of Health Working Group
Population Health and Prevention,
Ministry of Health, PO Box 5013, Wellington 6140

CC: Dr Robert Kofoed, Chief Medical Officer, Immigration New Zealand, Ministry of Business, Innovation and Employment

4 February 2020

Dear Dr McElnay,

We understand Immigration New Zealand, MBIE, and the Ministry of Health are currently reviewing the list of medical conditions deemed to impose significant costs and/or demands on New Zealand's health services (A4.10.1). The National HIV and AIDS Forum would like to recommend the removal of HIV from this list as there have been radical advances in HIV treatment and care within the last decade. The automatic exclusion of people living with HIV does not reflect the current health status and life expectancy of people living with HIV nor does it take into account rapidly declining treatment costs now that generic antiretroviral treatments have entered the New Zealand market.

The National HIV and AIDS Forum is a national body comprised of community, clinical and academic stakeholders in the HIV prevention and care and sexual health sectors. The Forum is committed to implementing a comprehensive HIV prevention approach and eliminating HIV stigma in New Zealand.

Currently people living with HIV are often denied visas to live and work in New Zealand due to restrictions in place, which we understand are to 'protect public health' and ensure there are not excessive costs or demands on New Zealand's health system. One way these restrictions take form is through HIV appearing under A4.10.1 'Medical conditions deemed to impose significant costs and/or demands on New Zealand's health and/or education services'. In the case of residence, people living with HIV must therefore go through the medical waiver process in order to have their visa granted. In the case of most temporary visas, people living with HIV are excluded unless granted a visa as an exception to normal Immigration Instructions. New Zealand is in the minority of countries by having this specific HIV exclusion, with only 48 countries having immigration rules that specifically target people living with HIV.[1] To remove this exclusion would be to follow in the footsteps of the USA, who ended their HIV-specific exclusion in 2010,[2] and Canada chose not to introduce a ban on people living with HIV in 2001.[3]

There should not be an automatic exclusion of HIV as it does not pose a danger to public health. Such arguments are stigmatising towards people living with HIV, with this exclusion introduced in

2005 during a time when public perception towards HIV was more negative and is therefore based on an outdated understanding of HIV. The current process and restrictions represent a highly stigmatising and discriminatory weight and burden for people living with HIV who intend to settle in New Zealand, not only impacting their mental health, but contributing to further stigma and marginalisation. Thanks to medical advances in treatment, people living with HIV now have life expectancies on par with people not living with HIV and can lead a long and fulfilling life. Public perception of HIV has greatly improved over the last 15 years in New Zealand as society gains a greater understanding of the effective treatments available, aided by a number of awareness campaigns which has helped to positively shift perception around HIV. A 2017 study published in medical journal The Lancet found that a 20-year-old diagnosed with HIV after 2008 and on long-term antiretroviral therapy could be expected to live to 78.[4] Moreover, people living with HIV on effective treatment have an undetectable viral load and cannot pass HIV on to their sexual partners (U=U). The current restrictions do not take into account these recent and ongoing medical advances.

Furthermore, HIV does not necessarily impose significant costs to the health system, with treatment costs declining rapidly as patents expire and many patients move to generic medication. However, we worry that there may be an outdated perceived burden of HIV treatment costs, with the general cost of treatment in 2016 being $10,000 per year. PHARMAC has an ongoing work programme to reduce the cost of medications, with the cost of Atripla reducing from $2,850.24 per year to $1,282 per year in 2019 as the generic Mylan became funded, and the cost of Truvada reducing from $2,280.24 per year to $733 per year as the generic Teva became funded.[5] This will continue into the future as PHARMAC strives for the best return on investment while providing best quality of care. An upcoming competitive tender process may address the INSTI market which includes high cost medicines that are still on patent.

We have asked PHARMAC to provide an indication of the total true cost of HIV treatments. The actual cost of treatments will be much lower than the prices listed on the Pharmaceutical Schedule with these details subject to confidential rebates. We will share the findings with the working party when received. Apart from medication, people living with HIV need 6-monthly bloods, that a local lab has quoted at $485, and they need 6-monthly follow-ups with a specialist physician, which cost approximately $330. As people are living healthier and longer with the advances in treatment, the overall burden on the health system is greatly reduced due to decreased co-morbidities. We would challenge the working group to come up with comparable estimates for people with similarly non-infective, chronic health conditions who are granted residence.

Importantly, removing this exclusion would mean people living with HIV would still be assessed as to whether they have an acceptable standard of health or could impose undue burden on the health system through being subject to the health requirements for all residence visas. This requires an assessment of whether HIV is a high-cost condition (costing $41,000 over a lifetime)

at A4.10.2, and whether significant demands will be imposed on New Zealand's health services at A4.10.10.

While we appreciate the internal work being done to remove this discriminatory exclusion, we would like the working party to know that in time we will be advocating for this cost threshold to be reviewed and updated, with the time period for which a health condition is assessed reduced to being over ten years, and the cost threshold increased. We would encourage Immigration New Zealand and the Ministry of Health to follow Australia, who in 2019 increased their cost threshold to $49,000, and also reduced the time period over which a health condition is formally costed to being just ten years rather than a lifetime. Canada in 2018 also increased their cost threshold significantly to $19,812 per year. With New Zealand's threshold last reviewed in 2012 and widely agreed to be an arbitrary and outdated figure, we think it is time for this to be updated.

If you have any queries regarding this or would like to discuss, please feel free to get in touch with Kate Macpherson, Senior Policy Officer at the New Zealand AIDS Foundation, on kate.macpherson@nzaf.org.nz or 09) 300 6963.

Thank you for considering our feedback, and we look forward to hearing from you.

Kind regards,

Jason Myers

Chief Executive

New Zealand AIDS Foundation

Jane Bruning

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Positive Women

Mark Fisher

Executive Director

Body Positive

Dr Garsing Wong

General Practitioner

Auckland Central Medical

Ben Hansard

Licensed Immigration Adviser

Malcolm Pacific Immigration

Megan Wyld

Licensed Immigration Adviser

Malcolm Pacific Immigration

[1] UNAIDS (2019, 28 June). *No end to AIDS without respecting human rights.* Retrieved from https://www.unaids.org/en/keywords/travel-restrictions

[2] New York Times (2009, 30 October). *Obama Lifts a Ban on Entry Into U.S. by H.I.V.-Positive People.* Retrieved from https://www.nytimes.com/2009/10/31/us/politics/31travel.html

[3] Canadian HIV Legal Network. *HIV/AIDS and Immigration Final Report*. Prepared by Alana Klein. http://www.aidslaw.ca/site/wp-content/uploads/2013/04/ImmigRpt-ENG.pdf, p. 2.

[4] Antiretroviral Therapy Cohort Collaboration. 2017. Survival of HIV-positive patients starting antiretroviral therapy between 1996 and 2013: a collaborative analysis of cohort studies. *Lancet HIV, 4(8):*e349-e356.

[5] PHARMAC. 2019. Online Pharmaceutical Schedule – December 2019. Retrieved from: https://www.pharmac.govt.nz/wwwtrs/ScheduleOnline.php