



Position statement: PrEP

Pre-exposure Prophylaxis (PrEP) is an effective tool for preventing the transmission of HIV. It has an important role to play as part of a combination HIV prevention approach to ending new HIV transmissions in Aotearoa New Zealand by 2030. To ensure the benefits are equitable, we need to remove all barriers to accessing PrEP for those who want to use it.

Gay and bisexual men, alongside all cisgender men who have sex with men (MSM) and people in their sexual networks, are disproportionately affected by HIV in Aotearoa New Zealand, and consequently most likely to benefit from accessing PrEP.

Burnett Foundation Aotearoa advocates for and promotes the following:

- PrEP education should be a standard component of sexual health for all cisgender MSM and their sexual partners, and an integral part of a combination HIV approach.
- anyone who would benefit from PrEP being part of their sexual health practice should be able to access it free of charge. PrEP should be as affordable as possible for people not eligible for publicly funded healthcare, and new pathways to enable easier access to PrEP for temporary migrants are needed.
- while ideally HIV and STI testing occurs every three to six months, testing should never be a barrier to accessing PrEP.
- for people assigned male at birth (AMAB) and not on gender-affirming feminising hormones, non-daily PrEP methods could be considered for this population only.
- anyone engaging in condomless anal sex with partners with an unknown HIV status, or with a partner living with HIV who is not on treatment or has an unsuppressed viral load, should consult with their doctor as to whether PrEP would be an appropriate HIV prevention strategy.
- PrEP provision should be widely supported by a competent, community friendly, and culturally safe workforce. We need adequate funding and resourcing to ensure health professionals and peer educators receive the training and support required to provide high level sexual health care to people who want to use PrEP.
- PrEP should be accessible through a range of pathways to enable easier access for those at risk; PrEP prescribers should include pharmacists and peer educators.



PrEP reduces the risk of HIV acquisition

In Aotearoa New Zealand, PrEP is an oral pill comprised of antiretroviral medications that are highly effective in preventing HIV transmission through sex. It is most effective when taken as prescribed.

The PrEP Demonstration Project and Sex and Prevention of Transmission Study (SPOTS) showed that cisgender MSM in Aotearoa New Zealand are interested in and motivated to use PrEP as an HIV prevention method, and that high levels of adherence can be maintained.¹

In 2022, Pharmac widened the eligibility criteria to access PrEP: the list of behaviours and scenarios that would make someone eligible have been removed, replaced only with the requirement that the prescriber confirm the patient is HIV negative, that they consider the person to be at elevated risk of HIV exposure, and that taking PrEP is clinically appropriate.²

PrEP may not be effective against strains of HIV that are resistant to the drugs in PrEP. This is very rare, and to date there have been a limited number of documented cases globally where a person taking PrEP has acquired a resistant strain of HIV.^{3,4} PrEP may provide limited protection against HIV transmission through intravenous drug use, but should not be considered sufficient as the sole method; personal, sterile equipment is still essential.⁵

Daily PrEP

Daily PrEP comprises one tablet taken once daily, every day. Numerous studies have demonstrated that daily PrEP is highly effective in preventing HIV⁶ and is safe to use.³ It has been evaluated in cisgender (cis, or people whose gender identity matches the sex they were assigned at birth) and trans men who have sex with men, as well as cis and trans women who have sex with men.



Non-daily PrEP

Non-daily PrEP includes two methods: Event-Driven or Episodic PrEP.

Currently, non-daily PrEP can be considered only for cis MSM and AMAB people who are not on gender-affirming feminising hormones. There is insufficient evidence to support people on feminising hormones or anyone having receptive vaginal sex using non-daily PrEP to prevent HIV. Some of the concern is simply due to the small sample sizes of trans and non-binary people in studies of PrEP efficacy, which make generalisable recommendations difficult to determine. However, isolated studies have indicated trans women taking oestrogen may have lower concentrations of PrEP in their system than cis men taking the same dose, which would indicate an increased risk of HIV transmission.⁷

2-1-1 PrEP

2-1-1 PrEP involves taking PrEP around episodes of sex instead of daily. It is also known as On-Demand PrEP, PrEP 2+1+1, or Event-Driven PrEP. The World Health Organization (WHO) no longer recommends the use of the term ED-PrEP as it can limit people's perception on how it can be used, and therefore argue it should just be talked about as an alternate dosing regimen.⁸ This method means taking 2 pills 2-24 hours before sex, 1 pill 24 hours after the first dose, and 1 pill 24 hours after the second dose.⁹

Evidence from available research shows that 2-1-1 PrEP is safe and effective in reducing the risk of HIV acquisition, when taken as prescribed.¹⁰

It is an alternative to daily PrEP for people who are having infrequent sex, can maintain the essential adherence to the regimen, and who are able to predict, plan, or delay their sexual activity for at least two hours. The timing of pills is extremely important to ensure drug levels are sufficient to prevent HIV, although current studies suggest adherence is more difficult with 2-1-1 PrEP, reducing efficacy.¹¹

Periodic/Episodic PrEP

Periodic PrEP is similar to 2-1-1 PrEP, and is for people who are only at risk of HIV during a specific period of time. This may be longer than for just the one event, and is therefore appropriate for someone during a 'season of risk' where they might be at risk of HIV over a period of time (e.g. for Pride Festival or travelling). For Periodic PrEP, a person would follow the 2-1-1 PrEP regimen, but continue taking one tablet of PrEP daily until two days after the final sex act.¹²

^a WHO HIV viral load measurements: unsuppressed (>1000 copies/mL), suppressed (detected but ≤1000 copies/mL) and undetectable (viral load not detected by test used). People with an undetectable viral load have zero risk of transmitting HIV through sexual contact; people with a suppressed viral load have almost zero/negligible risk of transmitting HIV through sexual contact.



Non-oral PrEP

Long-Acting Injectable PrEP (LAI-PrEP) is a form of PrEP that is long-lasting and given via an intramuscular injection every two months to prevent HIV. It comprises the antiretroviral cabotegravir (sold as Apretude).

Available evidence internationally has shown it is safe and effective, and suitable for some populations considered to be at an especially high risk of acquiring HIV (for example, people who struggle to take oral PrEP as prescribed). However, evidence is still new, and there have been some reports of unexplained breakthrough infections (of people acquiring HIV while on LAI). People finishing LAI-PrEP must take oral PrEP for some time after cessation as LAI-PrEP drug concentrations decrease over time and may be sub-optimal for protection.¹³

Unfortunately, injectable PrEP is not yet available or approved in Aotearoa New Zealand. We continue to advocate for it to be fully funded for anyone who would be better served with injectable rather than oral PrEP.

PrEP and combination HIV prevention

A combination HIV prevention approach prioritises the right to health for individuals and communities through evidence-informed and community-led programmes that include complimentary medical, behavioural, and structural interventions.¹⁴

The best HIV prevention tools are the ones you will use. People will experience different periods of risk throughout their lives, and combination HIV prevention offers a range of tools that may be used interchangeably and/or in combination depending on context of the sexual activity. In addition to daily or non-daily PrEP, condoms, and viral suppression are effective ways to prevent new HIV transmissions through sexual intercourse.

In Aotearoa New Zealand, a combination HIV prevention approach includes evidence-based sexual health education, maximising the availability of condoms, timely and widespread testing, equitable PrEP uptake among those who want it, prompt access to treatment for people living with HIV, and suppressed viral loads.^a

Connecting to regular healthcare

PrEP is also an opportunity to engage in regular sexual health care by increasing the frequency of HIV testing, sexually transmitted infection (STI) screening, and interrupting chains of transmission. PrEP can be highly effective in preventing the transmission of HIV, but it does not prevent other STIs like gonorrhoea, chlamydia, or syphilis, which are rising across Aotearoa New Zealand, particularly among cis MSM.¹⁵

Regular health checks are important for both daily and non-daily PrEP users to screen for HIV (of which rare breakthroughs or acquisition with imperfect adherence can occur) and other STIs. If someone has contracted HIV/STIs, regular testing ensures this will be detected quickly, enabling people to get treated and break the chain of transmission. It is also important to monitor for uncommon side effects, such as kidney or bone problems.¹⁶ While ideally HIV and STI testing occurs every three to six months, testing should never be a barrier to accessing PrEP.

PrEP use is sometimes blamed for the high rate of other STIs among cisgender MSM, even among healthcare professionals. PrEP has had an impact on condom use, but rates of gonorrhoea, chlamydia, and syphilis were rising among cisgender MSM years before the introduction of PrEP, and this claim is not well supported by evidence.¹⁷ A combination approach of condoms and PrEP, with regular testing and health checks, is ideal.

Mental health

The emotional impacts of PrEP can be just as important as the physical/behavioural ones. Many cisgender MSM have reported that the sense of security provided by PrEP has changed their relationship to sex for the better: they are able to enjoy sex with reduced levels of anxiety, fear, and stigma toward partners living with HIV.¹⁸ Others also enjoy the control PrEP gives them over their own health, as opposed to relying only on condoms or their partners maintaining an undetectable viral load.¹⁹

Negotiating PrEP with sexual partners

When negotiating HIV prevention with a potential sexual partner, unlike condoms, there is no way to verify that someone is using PrEP, or whether they have been taking it correctly. It is important to respect a partner's choice to use condoms. This is especially important with new and casual partners. While taking PrEP is a personal choice, it means a person can verify their own protection and is not reliant on their sexual partner.

Health equity

Although more widespread PrEP uptake is associated with declining rates of new HIV transmissions,²⁰ these benefits have not been shared among all populations.²¹ PrEP uptake for suitable individuals is higher among Pākehā than Māori,²² threatening to worsen already clear health disparities. It is critical that barriers to accessing PrEP are addressed in order to enable equitable PrEP uptake.

Equitable uptake of PrEP in New Zealand will support our goal to end new, local transmission of HIV in Aotearoa New Zealand by 2030



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