

Burnett Foundation Aotearoa

To: The Honourable Matt Doocey, MP
From: Burnett Foundation Aotearoa
Date: 1 May 2024
Title: Briefing: Access to HIV Prevention Among Temporary Migrants

Summary

In New Zealand, HIV is acquired predominantly through sexual transmission among high-risk groups. Currently, temporary migrants are not eligible for funded HIV prevention services; they must pay out of pocket for testing and highly effective pharmaceutical preventions. This cost burden means they are much less likely to access HIV testing or the medications that prevent HIV: pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). This lack of access is a significant point of inadequacy in NZ's response to the HIV epidemic, as we aim to become the first country to eliminate new, local acquisitions of HIV. If we are to realistically stop HIV transmissions in NZ, temporary migrants must be eligible for funded HIV/STI testing, PrEP, and PEP.

Testing, PrEP, and PEP

Testing is the first step in preventing new HIV acquisitions. If someone tests positive for HIV, they can access immediate treatment and break the chain of transmission. If someone tests negative for HIV, they are able to access preventative medications such as PrEP and PEP. Burnett Foundation Aotearoa, and many other sexual health clinics, offer some free HIV testing, but need exceeds capacity, particularly for those seeking a regular testing regimen.

A regular testing regimen is particularly important for people on PrEP. PrEP is a pill taken by HIV negative people to prevent acquiring HIV through sex; when taken as prescribed, it is up to 99% effective at preventing the acquisition of HIV. But since 3-monthly testing is required to maintain a PrEP prescription (to ensure the person has not unknowingly acquired HIV), it is a significant cost burden for temporary migrants. The out-of-pocket costs for an individual to access testing and a 90-day prescription can range from \$217 to \$558 (though of course this would not be the cost to the health system were it funded for migrants). Many temporary migrants cannot afford these costs, so they stop taking PrEP while in NZ, making them very vulnerable to acquiring and transmitting HIV while they are here.

If someone is not on PrEP and they have been potentially exposed to HIV, PEP is a last line of defence. PEP is a 28-day course of pills taken by an HIV-negative person within 72 hours of a potential exposure to HIV; the sooner it is taken, the more effective it is. Because timely access is essential for PEP to be effective, anyone who has potentially been exposed to HIV needs urgent access to funded care. Temporary migrants are not eligible for free HIV testing unless they are under 30 years old. Those funded appointments have limited availability, and only one appointment will ever be funded. In practice, almost every temporary migrant must pay at least \$100 for a blood test, plus GP fees. Out-of-pocket costs for PEP itself are highly variable, as a clinician will decide whether the person needs a course of 2 or 3 drugs; depending on which is needed, a temporary migrant might need to pay as little as \$30 and as much as \$1300 to avert a new HIV acquisition.

HIV in New Zealand

Research and feedback from HIV outreach services consistently indicate that because NZ's gay and bisexual networks are relatively small, people who are new to the country (such as temporary migrants) are highly sought after as sexual partners, and consequently at enhanced risk of acquiring HIV if they are not adequately protected. NZ's sexual networks are highly concentrated and concurrent sexual partnership is common: if someone acquires HIV, it can quickly spread throughout this network. Because HIV is a lifelong condition, prevention for anyone who is part of any sexual networks in NZ inherently protects the whole population.

Cost

The lifetime cost of HIV treatment is substantially higher than the cost of providing HIV prevention services. Even if someone does not stay in NZ long-term, funding their HIV prevention needs saves money by averting new acquisitions of HIV within local sexual networks. Funding HIV prevention for temporary migrants is therefore crucial to saving our health system's money.

Recommendations

Reductions in new, local HIV acquisitions and healthcare expenditures can be achieved through expanding access to HIV testing, PrEP, and PEP. This expansion can be accomplished through relatively small regulatory changes, including

- Reclassify PrEP and PEP to be “pharmacist-only” medicines, rather than “prescription-only.”
- Minor changes to the Health and Disability Services Eligibility Direction 2011—which is currently under review—would facilitate temporary migrants' access to HIV prevention services. We recommend modifying part ‘a’ to include “those at high risk of contracting an infectious disease,” and part ‘b’ to include “the prevention of acquisition of an infectious disease or quarantinable disease.”

