Burnett Foundation Aotearoa

7 June 2024

Hon Dr Shane Reti
Minister of Health
133 Molesworth Street, Thorndon, Wellington 6011
CC: Hon Matt Doocey, Associate Minister of Health
Hon Casey Costello, Associate Minister of Health
Tracey Moore, Health NZ – Te Whatu Ora
Ngaire Sandel, Health NZ – Te Whatu Ora

Tēnā koe Minister Reti,

Burnett Foundation Aotearoa is a registered charity and non-governmental organisation working towards HIV and STI (sexually transmitted infection) prevention, support for people living with HIV, and great sexual health for rainbow and takatāpui communities. We are very excited that the government has chosen to recommit to New Zealand's (NZ) ambitious goal of becoming the first country to eliminate new local HIV infections, by continuing to fund the National HIV Action Plan through to 2027/28. To ensure that we meet this goal, we must expand the eligibility criteria for publicly funded sexual health services to include temporary migrants at disproportionate risk of HIV.

Temporary migrants, including people on short term visas, seasonal workers, and international students, are currently not eligible for funded HIV or other STI prevention services. They must therefore pay out of pocket for testing and access to highly effective pharmaceutical preventions, creating a significant financial barrier to access. These include pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). Excluding temporary migrants impedes NZ's successes in limiting HIV and STI transmission in our communities, as temporary migrants are just as much a part of local sexual networks as established residents. If NZ is to become the first country to eliminate new, local acquisitions of HIV, temporary migrants must be eligible for funded HIV/STI testing, PrEP, and PEP.

New Zealand's HIV epidemic

In NZ, HIV is predominantly acquired through sexual transmission among high-risk groups, notably gay, bisexual, and other men who have sex with men (GBM). Research and feedback from HIV outreach services consistently indicate that because NZ's GBM sexual 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 an elevated risk of acquiring HIV if they are not able to access prevention tools. NZ's GBM sexual networks are highly concentrated and concurrent sexual partnership is common: if someone acquires HIV, it can quickly spread throughout this network, especially if testing is not easily accessible. Without testing, there is no access to treatment and chains of transmission remain intact. Burnett Foundation Aotearoa, and many other sexual health clinics, offer some free HIV testing, but need significantly exceeds capacity, particularly for those seeking a regular testing regimen.

The current policy is not cost-effective

If someone tests negative for HIV, they can access PrEP, which 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. 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, a GP appointment, and a 90-day prescription can range from $217 to $558, whereas the cost to the health system would be much

31 Hargreaves St, St Marys Bay, Auckland 1011
PO Box 6663 Wellesley St, Auckland 1141

+64 9 303 3124
contact@burnettfoundation.org.nz
burnettfoundation.org.nz

lower if it were it publicly funded for these migrants. Many temporary migrants cannot afford these costs, and therefore they stop taking PrEP while in NZ, making them very vulnerable to acquiring HIV while they are here, and unknowingly facilitating onward transmission.

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. Out-of-pocket costs for PEP depend on whether the individual is prescribed a 2 or 3 drug course; a temporary migrant might need to pay as little as $30 and as much as $1300 to avert acquiring HIV.

The lifetime cost of HIV treatment is substantially higher than the cost of providing HIV prevention services for everyone in NZ, regardless of visa status. Even if someone does not stay in NZ long-term, funding their HIV prevention needs still 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.

We can make HIV history

The National HIV Action Plan published in 2023 committed NZ to becoming the first country in the world to eliminate HIV by 2030. Countries with an already low prevalence of HIV (like NZ) are most effectively served by significantly scaling up HIV testing and prevention measures like PrEP(1). International evidence indicates that continuing to neglect temporary migrants will impede NZ from achieving this historic milestone of elimination.

There are limited studies from NZ, but Australian data suggests that migrants living with HIV who are also ineligible for subsidised healthcare are less likely to be diagnosed and on treatment (2). A study based in New South Wales demonstrated that the proportion of overseas-born GBM who were undiagnosed (16.9%) was six times higher than the proportion of undiagnosed people among Australian-born GBM (3), meaning that there was ongoing transmission among those with undiagnosed and untreated HIV. In NZ, many migrant workers are from countries that have growing HIV epidemics, such as the Philippines and Fiji. We can learn from Australia's data and act now to stop ongoing HIV and STI acquisition and encourage harm reduction approaches to addressing these HIV epidemics internationally.

As such, increasing access to appropriate HIV and STI screening among migrant GBM is urgently required. We also expect that increasing temporary migrants' access to PrEP is likely to increase the frequency of HIV and other STI testing among this population group (4). This is because of the 3-monthly HIV and STI screen requirement for an ongoing PrEP prescription (4). More frequent testing will help diagnose and treat STIs earlier, thus helping improve health outcomes, reduce transmission, and ensure NZ is on track to meet our goals under the HIV Action Plan.

Implementation may be possible through regulatory change

Section 32 of the NZ Public Health and Disability Act 2000 gives the Minister of Health the power to determine eligibility for publicly funded health services. Current eligibility criteria are set out in the Health and Disability Services Eligibility Direction 2011, which is currently under its five-yearly review. We note that eligibility for publicly funded services is already expanded to some groups of otherwise ineligible individuals affected by infectious diseases through Section B23 of the Eligibility Direction. As

such, we argue that this regulation may be an appropriate channel to make improvements in the strategic public health response to HIV. We would like to note the wording of part 'b' of Section B23:

> *A person is eligible to receive services funded under the Act if—*
> *(b) the services relate only to all or any of the following, to the extent appropriate in the circumstances to address risks to other persons:*

This wording suggests that the risks posed to other people is already a significant determinant in whether a person should be eligible for publicly funded services. Given that temporary migrants can unknowingly play a significant role in sustaining ongoing transmission of HIV and STIs in the community through their engagement in local sexual networks, we would argue that they should be a priority population for consideration for publicly funded sexual healthcare. In addition, criterion 'iii' under part 'b' of Section B23 of the Health and Disability Services Eligibility Direction 2011 reads:

> *(iii) the diagnosis of the person's infectious disease or quarantinable disease:*

HIV and other STI screening enable early diagnosis of those infectious diseases. As such, we argue that the spirit of this criterion supports the need for funding screening for temporary migrants who are at high risk of HIV or STI acquisition.

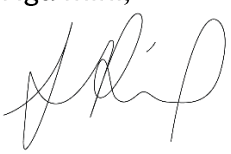
Overall, we argue that people should be able to access publicly funded health services for sexual healthcare, regardless of visa status. We propose that minor changes to Section B23 of the Health and Disability Services Eligibility Direction 2011 may enable this to occur.

- First, we recommend a modification to part 'a' to include "those at high risk of contracting an infectious disease".
- Secondly, we propose the addition of a criterion under part 'b' of Section B23, which includes "the prevention of acquisition of an infectious disease or quarantinable disease"

We understand these changes would enable temporary migrants to access sexual health services that are appropriate to their needs, which may include screenings, condom provision, evidence-based health advice, and/or PrEP/PEP. If the further regulatory assessment suggests other appropriate changes that would extend HIV and STI screenings and prevention services to migrants at elevated risk of infection, we encourage you to implement those urgently.

Thank you for considering our recommendation. Please do not hesitate to contact our Head of Policy, Advocacy and Science, Brooke Hollingshead, at brooke.hollingshead@burnettfoundation.org.nz should you require clarification on any of the points made.

Ngā mihi,



Joe

References:

1. Scott N, Stoové M, Kelly SL, Wilson DP, Hellard ME. Achieving 90-90-90 Human Immunodeficiency Virus (HIV) Targets Will Not Be Enough to Achieve the HIV Incidence Reduction Target in Australia. Clinical Infectious Diseases. 2018;66(7):1019-23.
2. Marukutira T, Gray RT, Douglass C, El-Hayek C, Moreira C, Asselin J, et al. Gaps in the HIV diagnosis and care cascade for migrants in Australia, 2013–2017: A cross-sectional study. PLOS Medicine. 2020;17(3):e1003044.
3. Patel P, Keen P, McManus H, Duck T, Callander D, Selvey C, et al. Increased targeted HIV testing and reduced undiagnosed HIV infections among gay and bisexual men. HIV Medicine. 2021;22(7):605-16.
4. Saxton P, Giola M, Coughlan E, Rich J, Azariah S, Ludlam A, et al. Implementing HIV pre-exposure prophylaxis (PrEP): Let's not get caught with our pants down. New Zealand Medical Journal. 2018;131(1481):64-73.