

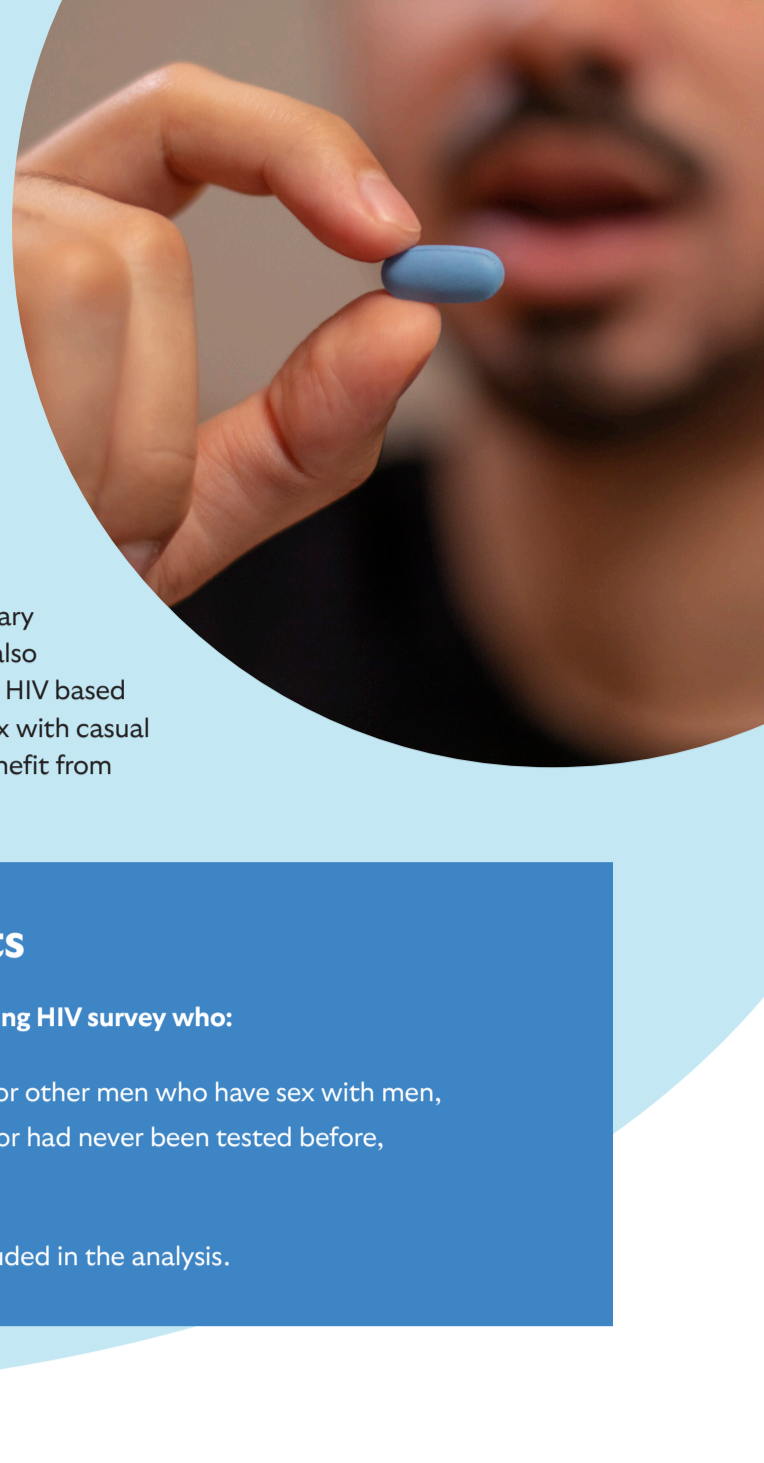
PrEP use and acceptability in our communities

Introduction

PrEP has been publicly funded in Aotearoa for people at high risk of HIV since 2018. However, the number of PrEP users in Aotearoa continues to be lower than expected; this means that our communities are not fully informed about PrEP, not willing to use it, or there are barriers to access for those who may want to use it.

In 2020, Burnett Foundation Aotearoa led another round of the Big Gay Sex Survey. The data shared from our generous participants about the use of PrEP and the acceptability of PrEP as a sexual health intervention informs this report.

We know that accessing health services can be challenging for populations that also already experience inequitable health outcomes. Because of that, we have focused our analyses on populations not experiencing equitable quality of care, who experience the impacts of HIV disproportionately. These key groups included young GBM (aged 16 to 24 years old) and Māori GBM. Previous studies also showed that 50% of GBM in New Zealand were not out to their doctors. Disclosure of sexual activity to doctors is necessary to access a prescription for PrEP, so this population was also considered. We also looked at people at increased risk of HIV based on their reported sexual practices (recent condomless sex with casual partners), because we knew that these people would benefit from PrEP the most.



About the study participants

The sample included participants of the 2020 Ending HIV survey who:

- were male identifying (cis or trans) gay, bisexual, or other men who have sex with men,
- were HIV negative, didn't know their HIV status, or had never been tested before,
- provided answers about their PrEP use.

Overall, 993 participants met the criteria to be included in the analysis.

PrEP Use and Acceptability

Our analysis showed that 19.4% of the sample were already on PrEP. While a further 41.1% were not using PrEP, they shared that they would like to use it. This means that 60.5% of the sample was willing to use PrEP.

Despite similar willingness to use PrEP (about 60%), people aged 16 to 24 (11.7%) had lower PrEP use compared to those aged 25 and above (22.2%).

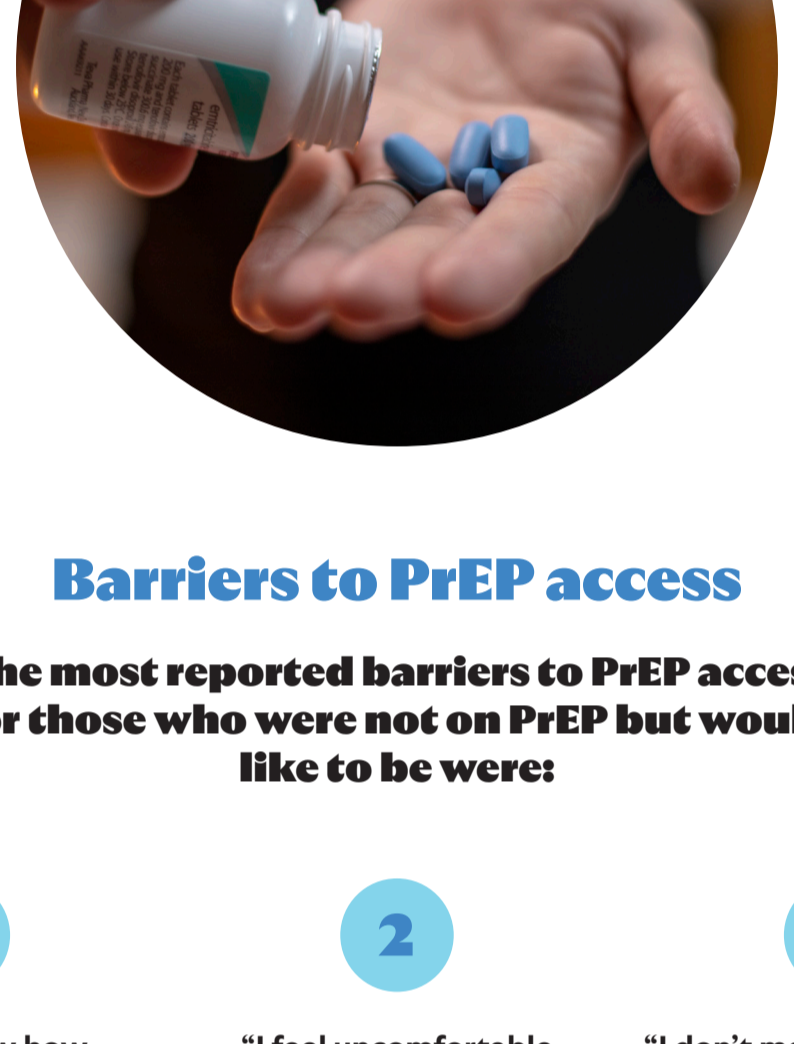
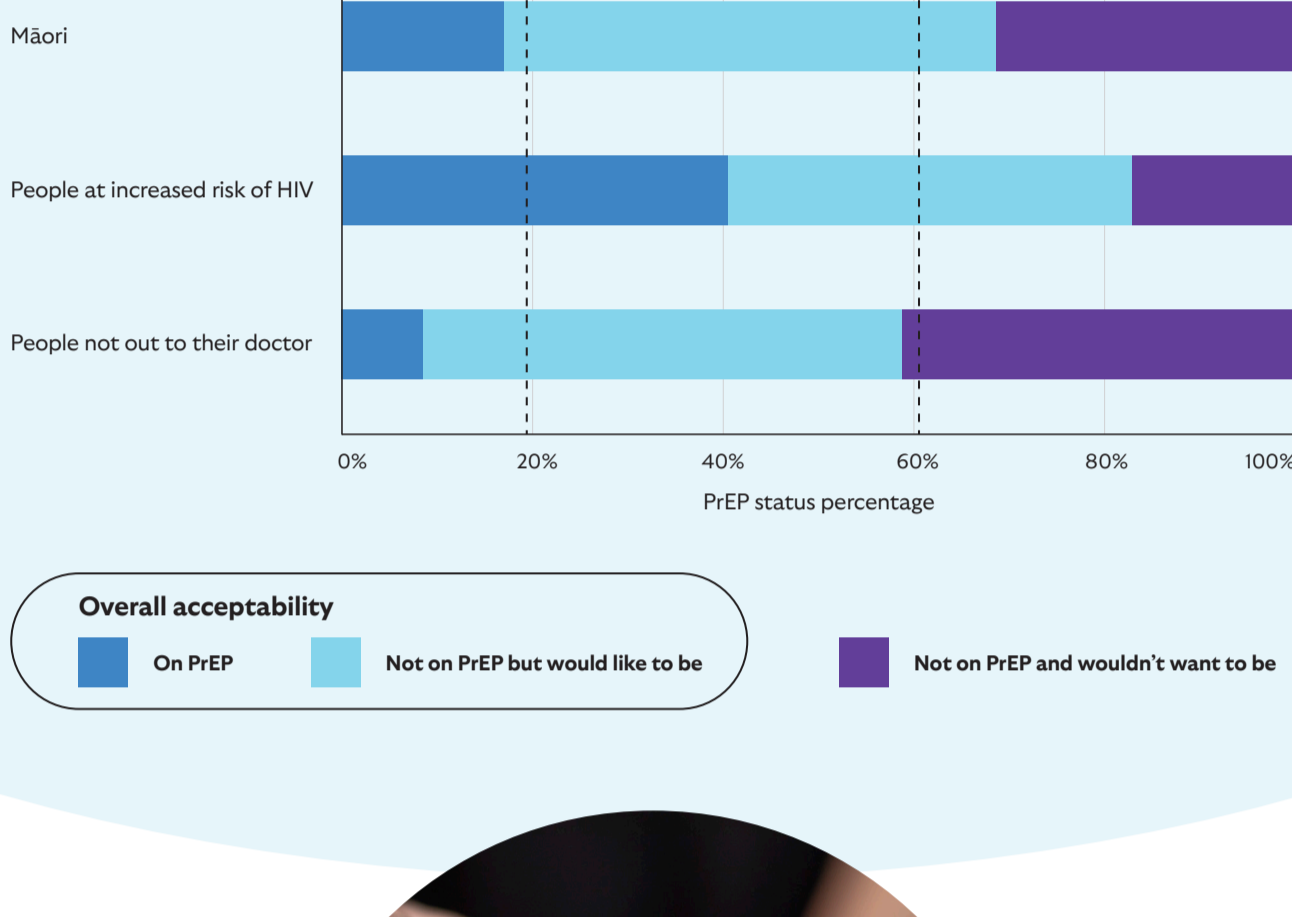
A higher proportion of Māori participants (68.6%) were willing to use PrEP compared to European participants (56.8%). Despite this high acceptability, use of PrEP among Māori participants (16.9%) was slightly lower than among European participants (19.7%).

Although use (40.4%) and acceptability (82.8%) of PrEP were relatively high among people at increased risk of HIV, only less than half of those willing to use PrEP were on it. It is also important to note that the majority of those at increased risk of HIV were not using PrEP.

Among participants who were not out to their doctor, overall willingness to use PrEP (58.7%) was close to the sample average. Despite this, in this group, PrEP use was relatively rare (8.5%), indicating significant barriers to access.



Proportions of key populations on PrEP, not on PrEP but would like to be, and not on PrEP and wouldn't want to be



Barriers to PrEP access

The most reported barriers to PrEP access for those who were not on PrEP but would like to be were:

- 1 "I don't know how to get PrEP" (48.0%)
- 2 "I feel uncomfortable discussing PrEP with a doctor or nurse" (40.9%)
- 3 "I don't meet the eligibility criteria for funded PrEP in New Zealand" (21.8%)

Even among those already out to their doctor, discomfort about talking to a doctor about PrEP was an important barrier (28.3%). A quarter of Māori participants who were not using PrEP but wanted to use it reported difficulty renewing a prescription every three months as a barrier, which highlights how existing health systems don't make access easy for everyone.

^{*} PHARMAC expanded the criteria for funded PrEP on 1 July 2022 to include all clinically appropriate cases.



Reasons why participants did not want to use PrEP

The most important reasons for not wanting PrEP among those not on PrEP and not willing to be were:

- 1 "I don't need PrEP because I don't put myself at risk of HIV" (58.4%)
- 2 "PrEP doesn't prevent other sexually transmitted infections" (30.1%)
- 3 "I'm worried about side effects" (28.3%)

What's more, among those who did not want to use PrEP, not knowing much about PrEP was an important reason for 29.7% of Māori participants, 26.8% of young people, and 27.2% of those not out to their doctor. Among those at increased risk of HIV who did not want PrEP, 44.3% reported concerns about side effects and 35.7% reported the idea of taking medication wasn't healthy.

Although this group reported condomless anal sex with casual partners in the past six months, over a quarter still reported they didn't consider themselves at risk of HIV.

Over a quarter of those identified at increased risk of HIV, who could benefit from PrEP, still reported that they didn't consider themselves at risk of HIV.

What we learnt

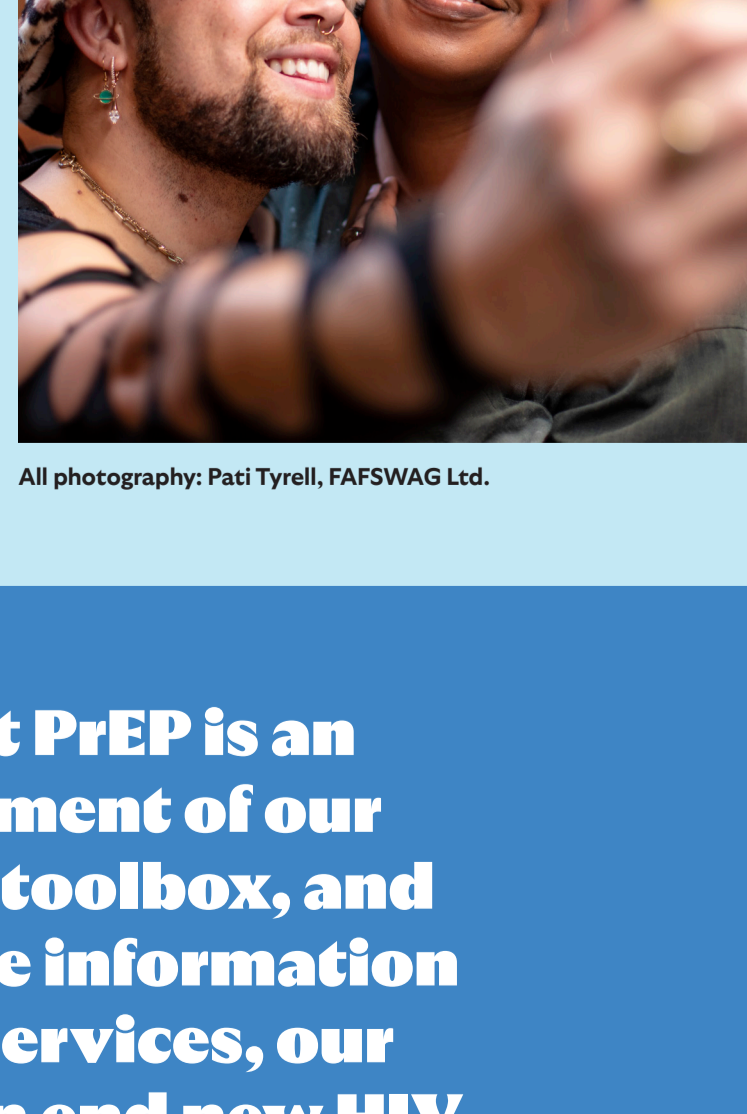
These results help us understand how we can increase access to PrEP among those who could benefit from it and how we should focus these efforts on some of the key subpopulations.

Here are some initiatives that may help increase PrEP uptake:

- Implementing programmes that improve knowledge about how to get PrEP may help reduce the barriers people experience to starting PrEP.
- Improving access to PrEP prescribers in such a way that makes conversations about sexual history more comfortable may also help remove barriers to starting PrEP.
- Supporting interventions to improve knowledge about how to get PrEP and improving the process of renewing PrEP prescriptions may remove some of the current barriers to access for Māori GBM.
- Young people may feel more comfortable talking about sexual history and practices with GBM-friendly PrEP providers, so it is important that we help them access these providers if they wish to.
- A higher proportion of young people, Māori participants, people at increased risk of HIV, and those not out to their doctor reported not knowing enough about PrEP as a reason for not wanting it compared to the rest of the sample. This shows Aotearoa needs to scale up the ways in which we communicate about PrEP and make sure that this knowledge is shared across all our communities.
- A high proportion of those who reported high-risk sexual activity did not consider themselves at risk of HIV. This information shows we must continue to engage with those at increased risk of HIV to help them understand their risk and support them in accessing sexual health services.

Sharing your experiences helps prevent HIV in Aotearoa!

- Thanks to the insights provided by our communities who took part in the Big Gay Sex Surveys over the years, Burnett Foundation Aotearoa has been able to implement targeted programmes aimed to improve the use and acceptability of PrEP among other HIV prevention strategies.
- We share information about PrEP and how HIV is transmitted so people can know their risk and whether they would benefit from PrEP.
- We provide resources to alleviate the barriers to PrEP access such as information about how to get PrEP, including a map with PrEP-friendly prescribers.
- We have also launched a virtual PrEP consultations program to make getting a prescription an easier and more comfortable experience.



All photography: Pati Tyrell, FAFSWAG Ltd.

We know that PrEP is an important element of our HIV prevention toolbox, and with appropriate information and access to services, our communities can end new HIV transmissions in Aotearoa!