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Dr Julia Scott
Chair of the STBBI Working Group
Ministry of Health
Wellington
via email: Samuel.andrews@health.govt.nz

Tēnā koe Dr Scott

Draft HIV Action Plan

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the draft HIV Action Plan.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of over 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Submission

As a member of the Sexually Transmitted and Blood Borne Infections (STBBI) working group the College has been asked to provide feedback on the draft HIV action plan, one of the three action plans that accompany the STBBI Strategy. The others are the National Syphilis Action Plan¹ released in 2019 and which is currently being updated, and the National Hepatitis C Action Plan, launched in July 2021².

The goals of the action plan are:

1. Reduce the number of new locally acquired HIV infections.
2. Improve delivery on our Te Tiriti o Waitangi obligations.
3. Decrease mortality and the negative consequences of HIV on health and wellbeing.
4. Decrease experiences of stigma and discrimination for people living with HIV
5. Increase equity in relation to all HIV goals.

Priority groups have been identified as:

- People living with HIV
- Gay and bisexual men and other men who have sex with men
- Māori
- People who have migrated from high prevalence countries
- Sex workers
- People who inject drugs, and
- Transgender and non-binary people.

¹ <https://www.health.govt.nz/publication/national-syphilis-action-plan> accessed 14/10 /21

² <https://www.health.govt.nz/publication/national-hepatitis-c-action-plan-aotearoa-new-zealand-mahere-mahi-mo-te-ate-kaka-c> accessed 14/10 /21

Priority settings (in no particular order) are:

- Primary health care
- Community-led health promotion, services, and outreach
- Māori health organisations
- Prisons
- Specialised sexual health care.

Focus areas are:

1. Surveillance, information, and knowledge systems
2. Combination prevention and health promotion
3. Testing and linkage to care
4. Support for people living with HIV, including addressing stigma and discrimination

Proposed actions falling out of these goals, priority groups, priority settings and focus areas have been workshopped by the working group prior to the development of the draft action plan.

College response to feedback questions

1. *What is your overall impression of the action plan so far?*

The College considers that the action plan is well structured, comprehensive and commends the Ministry team on the work to date under demanding time frames.

We are pleased that primary health care is one of the priority settings, and that better integration of specialist expertise with primary health care is included (p 22). We support the concept of collaborating with community organisations to develop and promote CME accredited national training and education programmes for primary care (p 28). The College is keen to contribute to progressing these areas.

2. *Is there anything missing from the action plan?*

Cost as a barrier to access is raised in the context of migrants (p 30) however there is no mention of people who cannot access services due to cost, which has been raised in New Zealand research on people living with HIV.³ The College considers that the action plan should address cost barriers to accessing primary care consultations related to the diagnosis, treatment and ongoing management, of HIV and other sexually transmitted and blood borne infections.

The College considers that evaluation should inform the decision on which innovative delivery modes should be expanded and promoted, e.g. Action B on page 31 reads “Expand and promote innovative testing and outreach delivery models for people at risk of HIV, including telehealth, self-testing, community-based testing, and rapid point-of-care testing in non-clinical settings, such as pharmacies.” We are pleased to see the inclusion of a list of abbreviations. We suggest that the following are also included:

³ <https://www.health.govt.nz/system/files/documents/publications/review-services-people-living-with-hiv-nz.pdf>
accessed 14/10/21

- TasP
- U=U

In addition, a brief explanation of the term 'cascade of care' in the context of HIV would be useful.

3. *Are there any content errors or inaccuracies in the draft action plan? Please include the page number and paragraph when explaining so these can be identified and corrected.*

Action M on page 31 refers to opportunistic testing in primary and hospital settings. The College asks whether this might more accurately be termed opportunistic screening? If not, could there be clarification of what is envisaged.

The College notes the guiding values informing the Action Plan. These are, in the order presented and discussed:

- Equity
- The meaningful involvement of people living with and affected by HIV
- Te Tiriti o Waitangi

The College suggests that these should be re-ordered to reflect importance, with Te Tiriti o Waitangi appearing first.

4. *Does the draft HIV action plan align well with the overall STBBI strategy? If not, how can this be strengthened?*

The College considers that the action plan aligns well with the STBBI strategy.

Conclusion

The College looks forward to receiving the finalised HIV action plan and to contributing to further action to achieve an Aotearoa New Zealand where HIV transmission is eliminated and where all people living with HIV live healthy lives free from stigma and discrimination.

Please don't hesitate to contact the College if you have any questions, or seek additional information at policy@rnzcgp.org.nz.

Nāku noa, nā



Dr Samantha Murton
President
FRNZCGP (Dist), FAcadMEd