Do we have the courage and ambition to end HIV in Australia? Examining our progress through the case of PrEP

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Context

• Community advocacy for better HIV public policy has seen Australian governments progressively reshape our domestic HIV policy settings since 2012.

• Demands for better testing options and technologies, PrEP, and easier, cheaper access to treatment, has seen renewed focus on supply-side problems in HIV.

• Progress in these areas is essential if we are to virtually eliminate HIV transmission by 2020.
Context

• The emergence of PrEP should place us in sight of our goals.
• Coupled with behavioural and community-level approaches and treatment as prevention, the addition of PrEP seemingly offers Australia all of the tools needed.
• Depending on perspective, the rollout of PrEP has either been relatively rapid or frustratingly slow.
• Rollout is uneven geographically and across those who most need access. Not all are benefiting from the promise it offers.

• The experience of PrEP also points to
  • unevenness in the urgency and ambition of Australia’s governments
  • the complexity of supply-side solutions
  • the continuing challenges of stigma
  • clinical capacity constraints
  • in isolated instances, the attitudes, that have seen post-exposure prophylaxis fail as an intervention when sought out by those who need it.

• So...
Overview

• Context
• PrEP
  • Access at scale – PBS listing
  • Interim access
  • Over the horizon
• Lessons
  • Community – the beginning, middle and end as well
  • Urgency and ambition ≠ business as usual
  • Unlocking the conditions and practices to end HIV

PrEP Access

• Availability at scale is essential – this requires PBS listing
  • Next available window – March 2017 submission for July 2017 PBAC meeting
• Interim access helps
  • Demonstration trials – NSW, Victoria, Queensland and, soon, ACT
  • Other jurisdictions – discussions at varying stages and with variable prospects
  • Personal importation of medicines – PrEPAccessNow, AIDS Drugs Online etc
• Generic manufacturers – patent expiry

• ‘A solid effort’ – but a wholly inadequate substitute for access at scale
• One solution among many – rapid testing; self-testing; PEP; tx access; MBS
Lesson 1

• Community – the beginning, middle and end as well

• HIV started in the community and will end there
• Technology is not a substitute for community
• HIV is profoundly social
• Uptake is profoundly human
  • PrEP puts paid to the lie of gay men’s complacency
• Community is our best technology
• Just like technology, community requires R&D and delivery investment

Lesson 2

• Urgency and ambition ≠ business as usual

• The goals of the Strategy are ‘world-leading’
• Australia is one of the few places that can deliver on the vision
• Form follows function (or in this case, vision)
• Policy = vision plus delivery
• In 2016, vision > delivery
• Constraint (and serial processing) defines us
• (A sombre thought, but it gives us the analysis to work with)
Lesson 3

• Unlocking the conditions and practices to end HIV
  • While gay community is ready...
  • Operational capacity (bureaucratic, clinical, research and within community organisations) is constrained
  • Investment is key
  • We must identify the source of constraint and work with it
  • Troubleshooting and delivery at scale are the tasks
  • Partnership is the foundation and pre-condition

Conclusions

• We share a world-leading vision upon which we’re well placed to deliver
• PrEP shows us we can achieve extraordinary and rapid change
• A history of success should encourage us
• However we are now in a period of increasingly unrealised opportunity
• Investment is key
• Unlocking PrEP has been a collective exercise in trouble-shooting
• Supply of PrEP and others tools, in ways that work for community, remains a critical barrier
• Community engagement and empowerment matters.
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