2018-19 Federal Budget Submission

afao AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS
Leading the community response to HIV

15 December 2017

Introduction

The Australian Federation of AIDS Organisations (AFAO) welcomes the opportunity to provide a submission for the 2018-19 Federal Budget.

AFAO is the national federation for the HIV community response. AFAO's members are the AIDS Councils in each state and territory; the National Association of People Living with HIV Australia (NAPWHA); the Australian Injecting & Illicit Drug Users League (AIVL); the Anwernekenhe National HIV/AIDS Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association. AFAO advocates for its member organisations, promotes medical and social research into HIV and its effects, develops and formulates policy on HIV issues, and provides HIV policy advice to Commonwealth, State and Territory governments.

Background

Australia's seventh *National HIV Strategy* and the United Nations *Political Declaration on HIV/AIDS* establish ambitious targets for domestic and global responses to HIV and AIDS. These targets include:

- virtually eliminating HIV transmission in Australia by 2020
- 90 per cent of people living with HIV knowing their status
- 90 per cent of people who are diagnosed being on treatment
- 90 per cent of people of treatment having an undetectable viral load.

This submission provides evidence-based and costed proposals that build on existing investments to achieve these targets. The additional investments proposed would bring Australia's community-led HIV response to the scale needed to match Australia's ambitious targets, expand and better support Australia's HIV clinical workforce, and provide underpinning research, surveillance and evaluative capacity to guide Australia's HIV response.

The investment would enable AFAO and other national community-led HIV organisations to develop programs and initiatives in consultation with our member organisations in each state and territory that build awareness and provide HIV education for key populations and emerging or hidden populations. The programs and campaigns developed would be implemented locally through the knowledge and skills of local HIV prevention workforces. Service provision planning and program development would be conducted through a nationally-coordinated suite of ongoing programs to ensure consistent, coherent and informed system and program delivery.

The epidemiological and economic impact of the proposals contained within this submission has been assessed. These proposals, taken together with the introduction of HIV pre-exposure prophylaxis at scale, would allow Australia to exceed 90 90 90 and rapidly work towards 95 95 95. The implementation of the proposals would see 2025 new HIV infections averted by 2020, saving $2b to the PBS and MBS over the lifetime of those infections. Further details on the epidemiological and economic impact of the proposals in this submission are available at https://www.afao.org.au/our-work/hiv-blueprint/ or by contacting AFAO.

Summary of Recommendations

Recommendation 1: That the Australian Government invest an additional $**10 million per annum** to strengthen the capacity of the national HIV peak organisations to coordinate prevention, testing and treatment campaigns, supports for peer based organisations to conduct education and community outreach, guidance and allied workforces, planning and service re-development.

Recommendation 2: That the Australian Government invest an additional **$15 million per annum** to plan and implement an improved and sustained response to HIV and STIs among Aboriginal and Torres Strait Islander communities.

Recommendation 3: That the Australian Government invest an additional **$3 million per annum** to develop specialised programs to engage with hidden populations at risk of being left behind, including people with unsuspected HIV, late HIV presenters and those not being treated.

Recommendation 4: That the Australian Government invest an additional **$400,000 per annum** to reduce HIV stigma and discrimination-related barriers to testing, treatment and care.

Recommendation 5: That the Australian Government invest an additional **$400,000 per annum** to prevent new HIV infections and improve uptake of testing and treatment among those who may acquire HIV while travelling.

Recommendation 6: That the Australian Government invest additional **$250,000 per annum** to strengthen the community-led response through targeted workforce development that incorporates knowledge transfer and skill development.

Recommendation 7: That the Australian Government invest an additional **$350,000 per annum** to broaden the base of clinicians to facilitate HIV prevention, testing and treatment in the community; and support and maintain clinicians with a specialist interest in HIV medicine, including HIV trained and accredited section 100 highly specialised drugs prescribers to facilitate the uptake of biomedical prevention

Recommendation 8: That the Australian Government invest an additional **$1.5 million per annum** on implementation research that is integrated with the planning and delivery of national community programs.

Recommendation 9: That the Australian Government invest an additional **$400,000 per annum** in further strengthening support for high quality and timely HIV surveillance and annual community-based behavioural surveillance data from every state and territory.

Recommendation 10: That the Australian Government invest an additional **$1.2 million per annum** to evaluate the effectiveness of national and local programs to guide adjustments as needed.

Recommendation 1: Strengthen the national HIV response through prevention, testing and treatment campaigns, supports for peer-based organisations for education and community outreach, guidance to allied workforces, planning and service re-development.

Issues

Established community-led efforts have been highly successful in achieving HIV prevention, testing and treatment results across a range of populations and localities, and have prevented a generalised epidemic. Notwithstanding these successes, Australia faces a number of challenges. The dominant narrative in Australia regarding HIV is out of date. This directly affects our capacity to address HIV as it conceals the urgency with which governments need to make new prevention strategies and testing methods accessible, causes people at risk of HIV to discount the possibility of their risk and therefore inquire about the tools available to prevent HIV, contributes to stigma and discrimination, and contributes to misinformed responses to HIV by community and health professionals.

Current investment does not support a response to HIV that is at sufficient scale to reach those at risk of acquiring the virus. This includes making new prevention strategies accessible, increasing testing frequency among key populations and supporting immediate linkage to care for people newly diagnosed with HIV and retention in care and treatment adherence among those already living with HIV.

The majority of community-led HIV organisations are small in size with a small education team. In general, they are staffed by individuals who are specialists in working with one population or delivering one aspect of community-led work (such as delivering educational workshops) but may lack expertise in designing integrated programs, or in specific modalities (such as the effective use of online tools for behaviour change). As each organisation endeavours to meet the needs of local populations, there is a risk of duplication and inconsistency in messaging, rather than collaboration. Together, these factors limit our capacity to reach our goal of ending HIV transmission in Australia.

The solution

An additional investment from the Australian Government of **$10 million per annum** to improve the reach, impact, efficiency and effectiveness of community-led HIV education. Proposed activities:

- develop a nationally-coordinated package of HIV prevention, testing and treatment resources for local implementation. This package should be informed by a range of data, including epidemiological data, social and behavioural research, and international best practice on addressing HIV in key populations. These should include:
  - program development and planning tools
  - health promotion campaign materials
  - session plans for community education
  - activities across the range of key populations
  - session plans for information/skill development among allied workforces
- conduct an ongoing program of awareness raising through a communications strategy which incorporates:
  - working with communications specialists to monitor current media coverage of HIV, and design strategic interventions to update the narrative across mainstream media, LGBTI press and new media
  - collaboration between community-led HIV organisations to provide a coherent and contemporary narrative of HIV in Australia.

Impact of investment

This investment will deliver greater efficiency in community-led efforts, reduce any remaining duplication and reduce the potential for inconsistent messaging. Further detail on this proposal and its impact is available from AFAO.

Recommendation 2: Plan and implement an improved and sustained response to HIV and STIs among Aboriginal and Torres Strait Islander communities.

Issues

There have been slow but sustained increases among Aboriginal and Torres Strait Islander communities in Australia, such that HIV rates are now trending above the rate for non-Indigenous people for the first time in Australia's HIV epidemic. Rates of HIV diagnosis are higher in all areas (urban, regional and remote), with women, people who inject drugs and heterosexuals over-represented in diagnoses among Aboriginal and Torres Strait Islander people.

At the same time, rates of STIs (chlamydia, gonorrhoea, infectious syphilis and trichomonas, all of which are implicated in HIV transmission) are at all-time highs in Aboriginal and Torres Strait Islander communities. It is well-established from overseas experience (particularly in Canada) that Indigenous communities are vulnerable to rapid increases in HIV because of younger age, poorer access to primary health care, very high background rates of STIs, higher mobility, incarceration and drug use and lack of employment opportunity. These factors also make HIV extremely difficult to manage in Indigenous communities once it is established at any scale. The impact of current activities notwithstanding, the response to HIV and STIs in Aboriginal and Torres Strait Islander communities is not of sufficient scale to reduce new infections and improve uptake to testing and treatment

The solution

An additional investment from the Australian Government of **$15 million per annum** to plan and implement an improved and sustained response to HIV and STIs in Aboriginal and Torres Strait Islander communities. This requires highly localised and nationally-coordinated support that is informed by and responsive to existing conditions, rates of infection and vulnerability. The *High-Level Summit to Address HIV and other STIs* (Brisbane 2015) and other consultation fora have identified the following priorities for action:

- increasing the clinical and health promotion capacity of Aboriginal Community Controlled Health Organisations and non-Indigenous organisations to respond to HIV and STIs
- a national project to reduce sharing of injecting equipment among Aboriginal and Torres Strait Islander people, incorporating education and improved access to the means of prevention
- establish clinical and community surge capacity in areas that experience HIV outbreaks, including rapid testing, HIV case management, availability of Pre-Exposure Prophylaxis, Post Exposure Prophylaxis, clean injecting equipment and pharmacotherapy
- targeted health promotion in urban and regional areas addressing both HIV and STIs, for gay men and men how have sex with men and heterosexuals, especially young people
- ongoing support for Aboriginal HIV Awareness Week, the Anwernekenhe National HIV/AIDS Alliance and the biannual Anwernekenhe Conference
- research and evaluation to monitor behavioural risk factors, epidemiological trends, knowledge levels and patterns in access to services and to evaluate the impact of strategies implemented
- sentinel surveillance to generate clinical and behavioural data.

Impact of investment

- Improved health outcomes for Aboriginal and Torres Strait Islander people with HIV or at risk of HIV acquisition.
- Reduced risk of onward HIV transmission from undiagnosed infection.

This investment will substantially reduce the pool of individuals at risk of HIV and who have undiagnosed HIV and reduce the long-term clinical care costs associated with treating new infections. Further detail on this proposal and its impact is available from AFAO.

Recommendation 3: Develop specialised programs to engage with hidden populations at risk of being left behind, including people with unsuspected HIV, late HIV presenters and those not being treated.

Issues

Despite the success of existing HIV prevention, testing and treatment efforts, there are significant 'hidden' populations who are at risk of not enjoying the benefits of current prevention and treatment science. These populations include gay men with infrequent HIV testing practices, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, people who inject drugs who have less understanding of their personal risk of acquiring HIV, and people with HIV who have not been linked to care or have been lost to care. Improving understanding of HIV – including building capability for personal risk assessment – is a priority because:

- these individuals are at risk of poorer long-term health outcomes
- both late diagnosis and late commencement of treatment are implicated in preventable morbidity and mortality for people with HIV
- these individuals are also at risk of HIV transmission, due to their unknown HIV status and/or their higher viral load. This undermines the public health investment in HIV prevention.

At present, the bulk of HIV prevention efforts across Australia are concentrated on gay men and other men who have sex with men. This is appropriate in that the prevalence is highest among this population and the potential for health and economic impact is greatest. However, as the dominant epidemic is brought under control, these 'hidden populations' will account for a greater proportion of the health impact of HIV acquisition and/or untreated HIV. This is already being experienced with around a third of HIV diagnoses coming from outside the population of gay and other men who have sex with men, with lower uptake of treatment among people with HIV who are not gay men, and poorer access to Pre-Exposure Prophylaxis (PrEP) and self-testing among Aboriginal and Torres Strait Islander people. Reaching these populations will require highly nuanced programming, informed by the needs of each sub-population. This capacity and expertise does not exist across the sector to target the range of hidden populations and a localised response to each hidden population would potentially duplicate effort across states and territories.

The solution

An additional investment from the Australian Government of **$3 million per annum** would maximise the reach and relevance of HIV prevention, testing and treatment education to 'hidden' populations, including people with unsuspected HIV, late HIV presenters and those not being treated. Proposed activities:

- develop a nationally-coordinated and evidence-informed package of HIV education resources for local implementation. This package would include identification of the modes of communication most relevant for each population, development of messaging that has both reach and impact in those populations, and support for the capacity of local services to conduct local activities and assist individuals who require education, testing and support as a result of the campaigns.

Impact of investment

- Reduced delay in time between seroconversion and HIV diagnosis, and HIV diagnosis and linkage to care;
- Increased testing among members of 'hidden populations'; and
- Increased HIV prevention behaviours among 'hidden populations'.

This investment will reduce the prevalence of undiagnosed HIV infection and the pool of untreated HIV infection.

Recommendation 4: Reduce HIV stigma and discrimination-related barriers to testing, treatment and care

Issues

HIV-related stigma and discrimination continue to be a central part of the lives of many people with HIV across Australia. That stigma is driven by a range of factors, including outdated notions of HIV and misinformation about transmission and transmissibility. HIV-related stigma and discrimination is experienced in a range of settings, including the gay community, the general community, health care settings, government agencies, workplaces and mainstream and on-line media. The effects of stigma and discrimination are multifaceted:

- HIV-related stigma and discrimination is a source of significant harm in the lives of individuals, causing both a decline in wellbeing and quality of life (through social isolation, shame, anxiety and depression) and in physical wellbeing (social isolation is correlated with poorer adherence to HIV treatment)
- at a population level, stigma and discrimination present a barrier to people presenting for regular testing, engaging with health care providers regarding risk behaviors, and sustaining contact with health care and treatment adherence. These factors in turn pose a risk to our public health goals of reducing HIV transmission

Despite the substantial body of knowledge about the prevalence, nature and impact of HIV-related stigma there has been limited investment to date in innovative activities to address stigma and discrimination.

The solution

An additional investment from the Australian Government **of $400,000 per annum** to reduce HIV stigma and discrimination-related barriers to testing, treatment and care. Proposed activities:

- develop interventions that build individual resilience among people with HIV, so that individuals can withstand stigma and discrimination where it does occur
- develop strategies to address systemic factors that perpetuate stigma and discrimination, including policies and laws that regulate key populations and have an adverse impact on those populations
- publish an annual report on HIV-related stigma and discrimination and document activities to combat HIV stigma and build resilience of people with HIV
- develop an evidence-informed programmatic response to HIV-related stigma and discrimination that:
  - engages communication specialists to design a sophisticated, integrated communications package targeting (general and gay-specific) community settings, mainstream media and online channels
  - builds on recent efforts to address HIV-related stigma and discrimination in clinical settings;
  - supports local workforces to design local interventions that address context-specific stigma and discrimination.

Impact of investment

- Improve the health, wellbeing and quality of life of individuals with HIV
- Reduce barriers to testing, treatment and retention in care.

This investment will contribute to the prevention of poorer health outcomes among people with HIV, thereby reducing pressure on primary care and public health, and reduce late diagnoses and the health care costs associated with late HIV diagnosis.

Recommendation 5: Prevent new HIV infections and improve uptake of testing and treatment among those who may acquire HIV while travelling

Issues

Over eight million Australians depart the nation each year to travel overseas. This includes individuals travelling for leisure, work and visiting the country of their birth.

Australians travelling overseas face unique risks in relation to HIV:

- they may be travelling to a context (either a country or a specific community within a country) with a higher prevalence of HIV
- be less inhibited and more inclined to risk-taking while travelling
- assume that behaviour that is low-risk in Australia is low-risk overseas.

While complete data is not available, it is well-established that mobility is implicated in around 50% of new diagnoses among heterosexuals. There are sub-populations of gay men who are at heightened risk of HIV acquisition when travelling, including Asian gay men. Moreover, travellers may not be aware of the range of strategies that could reduce their risk of HIV acquisition, including condom-protected sex and Pre-Exposure Prophylaxis (PrEP).

Australians who acquire HIV in the context of travel are also at risk of later diagnosis and therefore delayed access to treatment and care. They may consider themselves personally at low-risk of acquiring HIV and therefore be less likely to request or be offered HIV testing at seroconversion, and they may be less knowledgeable about how to access testing, treatment and care either while travelling or upon return to Australia. Taken together, these factors can place individuals at risk of poorer health outcomes, and may increase the risk of onward transmission of undiagnosed HIV. Despite the role of mobility in HIV acquisition and delayed access to diagnosis and treatment, travellers are not currently a priority population for any part of the community-led or public health response.

The solution

An additional investment from the Australian Government of **$400,000 per annum** would prevent new HIV infections and improve uptake of testing and treatment among those who may acquire HIV while travelling. Proposed activities:

- the most efficient modality for addressing travel-related HIV is via targeted communications saturating those settings relevant for travellers
- this requires a concentrated effort with broad reach as opposed to highly localised responses
- it is anticipated that the campaign would incorporate social media and traditional social marketing channels, with key messages including prevention, testing and treatment.

Impact of investment

- Reduce preventable infections;
- Improve uptake of testing and treatment among travellers who acquire HIV; and
- Reduce onward HIV transmission from people with undiagnosed HIV.

This investment will contribute to the secondary prevention of poorer health outcomes among people with HIV, thus reducing pressure on primary care and public health, and reduce late diagnoses and the health care costs associated with late diagnosis.

Recommendation 6: Strengthen the community-led response through targeted workforce development that incorporates knowledge transfer and skill development

Issues

The workforce is the engine-room for the community-led response and is dispersed across Australia's eight states and territories, and diverse populations and different modalities (including community education workshops, social marketing campaigns, outreach and community mobilisation).

This workforce is highly skilled and specialist and relies on the HIV sector to provide access to ongoing, role-relevant workforce development.

The organisations that employ the community workforce are by their nature constrained, particularly in the smaller jurisdictions, in developing the knowledge and skills of their employees in the highly-specialised aspects of their work. Consequently, new staff commence in their roles with limited induction and have only periodic access to skill development that is deeply relevant to their work responsibilities.

As such, national workforce development has the greatest potential to reach critical mass and to support cross-facilitation and skill development across workers located across Australia.

The solution

An additional investment from the Australia Government of **$250,000 per annum** would strengthen the community-led response through targeted workforce development that incorporates knowledge transfer and skill development. Proposed activities:

- fund a biennial *National HIV Health Promotion Conference*, bringing together the diverse community workforces from across Australia. This conference would provide a regular opportunity to bring networks together to distribute current knowledge, including knowledge on HIV epidemiological, social and behavioural research and knowledge on international best practice HIV health promotion, as well as practical skill development on strategies to achieve behaviour change and measure outcomes
- the National Conference would be complemented by online training and regular networking among practitioners, including webinars on more specialised aspects of HIV prevention, testing and treatment work with key populations, dissemination of current research, and peer support for the translation of critical advances in prevention science into health promotion and education practice.

Impact of investment

- A highly skilled workforce will deliver world-class HIV prevention, testing and treatment education initiatives.

Investment in the workforce will result in more impactful prevention, testing and treatment activity and ultimately contribute to a reduction in new infections and an increase in testing and uptake of treatment

Recommendation 7: Broaden the base of clinicians to facilitate HIV prevention, testing and treatment in the community; and support and maintain clinicians with a specialist interest in HIV medicine, including HIV trained and accredited section 100 highly specialised drugs prescribers to facilitate the uptake of biomedical prevention.

Issues

The HIV clinical workforce is vital in facilitating access to timely prevention, testing and treatment among people at risk of and living with HIV. Clinicians are uniquely placed to support individuals to assess personal risk, undergo regular testing, make informed decisions about prevention strategies and engage in treatment and care.

Sustaining and expanding the HIV clinical workforce is an essential element of achieving our shared goal of ending HIV transmission. The workforce is relatively small, and includes highly skilled and specialised HIV clinicians, general practitioners, sexual health physicians, and nurses.

Given the size, diversity and geographic dispersal of the workforce, it is vital that initiatives targeting the workforce are coordinated and strategic and that mainstream agencies (such as Primary Health Networks) are assisted to take up an appropriate role in a way that complements rather than duplicates efforts.

In addition, modest investment in continuing initiatives such as timely and responsive policies and guidelines and clinical advice around HIV testing, HIV Pre- and Post-Exposure Prophylaxis (PrEP and PEP) and HIV management will provide the backbone to state- and territory-based initiatives to upskill the clinical workforce.

There is also a need to explore new models of care, particularly to facilitate access in areas where there is a shortage of medical practitioners and where there may be other barriers to engagement or retention in care (such as low levels of knowledge, or high levels of stigma and discrimination).

The solution

An additional investment from the Australian Government of **$350,000 per annum** would facilitate uptake of biomedical prevention, broaden the base of clinicians able to facilitate HIV prevention, testing and treatment in the community and support and maintain clinicians with a specialist interest in HIV, including HIV trained and accredited s100 highly specialised drugs prescribers. Proposed activities:

- develop backbone resources (such as curriculum, training materials and clinical information) that support local workforce development initiatives
- conduct national workforce development activities that facilitate information exchange and provide education, training and support
- develop nationally standardised policies and guidelines including the National HIV Testing Policy, Pre- and Post-Exposure Prophylaxis, and treatment and management guidance and guidelines.

Impact of investment

- Improved knowledge and capacity of the health workforce to contribute to ending HIV transmission
- Increased information exchange without unnecessary replication of existing effort
- Improved primary and secondary prevention and care
- Increased access points to prevention and care services
- Expansion of the range of health care providers able to contribute to ending HIV transmission.

Recommendation 8: Implementation research that is integrated with the planning and delivery of national community programs

Issues

Australia has a long-standing commitment to producing world class research to inform our efforts to achieve the goals of successive national strategies.

The quality and relevance of the research is a tribute to the skill and dedication of Australian HIV researchers and the collaborative relationship between the research centres and community-led organisations.

The bulk of Australia's HIV research investment is in epidemiological, behavioural and social research. There is now an urgent need to complete that research with investment in implementation research – that is, research that is explicitly focussed on program design and implementation (as opposed to mapping trends in population behaviours) and that is both formative (that is, helps inform program development at the outset) and evaluative.

Implementation research would provide intelligence on key questions such as 'are our approaches effective?' 'what are gay men's preferences in engaging with the service system?', 'how do we best target less engaged gay men in relation to PrEP?' and 'where else should our efforts be focused to maximise impact?'

The required implementation research must be immediately responsive to community-led program needs and therefore must be embedded within the community-led response. This would involve formal partnership between a national community-led organisation and researchers, under community-led direction. Embedding implementation research in this way allows for rapid research response to questions and issues emerging from community programs and intelligence.

The solution

An additional investment from the Australian Government of **$1.5 million per annum** would strengthen the national evidence base underpinning HIV prevention, testing and treatment initiatives. Proposed activities:

- fund and establish dedicated implementation research capacity that is embedded and controlled by the national community-led HIV response.

Impact of investment

- Creating dedicated capacity for implementation research will generate data not currently available to the response, which in turn will improve the capacity of the workforce to deliver tailored and impactful interventions.
- A more tailored response will increase the impact of HIV prevention efforts and result in an increase in testing and retention in care.

Recommendation 9: Create capacity to continuously evaluate programs and services, in order to maximise reach and impact

Issues

Evaluation is a key tool for ensuring that programs and services are appropriately tailored to the needs of key populations and at-risk individuals, and people with HIV.

However, many organisations encounter a range of obstacles to routinely embedding evaluation into program and service delivery, including lack of expertise in the specific evaluation methodologies and tools that produce program-relevant findings (for instance, formative evaluation or developmental evaluation), limited funding, past poor experiences with evaluations that have not produced relevant findings, and time constraints related to funding cycles that prioritise short term output reporting at the expense of longer-term monitoring of impact and outcomes.

At an individual service level, this can undermine an organisation's ability to adapt its services and programs to best meet client need.

At a systemic level, this means that the sector does not have access to the full range of data needed to best focus its efforts.

The solution

An additional investment from the Australian Government of **$1.2 million per annum** to create capacity to routinely evaluate programs and services in order to maximise reach and impact. Proposed activities:

- Create a dedicated national evaluation team that is available to conduct evaluation at the following levels:
  - micro level – evaluate the reach, impact and outcomes of specific initiatives (for example, a health education campaign targeting a specific population), to make recommendations about up scaling, and to identify transferability to other localities and/or populations
  - meso level – evaluate specific streams and bodies of work, such as outreach with sex workers, or social media targeting gay men, with a view to assessing the current relevance of that modality and making recommendations for the future use (or cessation) of that modality
  - macro level – evaluate the health and economic impact of sub-programs within the Australian HIV response.

Impact of investment

- Creating dedicated capacity for implementation research will generate data not currently available to the response, which in turn will improve the capacity of the workforce to deliver tailored and impactful interventions.
- A more tailored response will increase the impact of HIV prevention efforts and result in an increase in testing and retention in care.

Recommendation 10: Strengthen the national evidence base underpinning HIV prevention, testing and treatment initiatives

Issues

Australia's HIV evidence-base consists predominantly of epidemiological data, community-based behavioural surveillance and the broader body of research regarding effective practice and effective interventions with priority populations. Tracking practices as they emerge, responding to new threats and evaluating the impact of current strategies requires access to complete, accurate and timely epidemiological and behavioural data. Timeliness is particularly important as leaps in prevention, testing and treatment science create opportunities and imperatives for rapid responses. At present, there is variation between states and territories as to the completeness and timeliness of epidemiological surveillance. There are also significant gaps in community-based behavioural surveillance:

- some jurisdictions, such as the Northern Territory, have no routine community-based behavioural surveillance
- routine data on trends in some key cities and regional areas (including Hobart, Newcastle and other urban and major regional centres) – even areas with a high concentration of priority populations – is virtually non-existent
- there is poor coverage of key populations, particularly non-gay identified men who have sex with men, sex workers and heterosexuals (particularly those from high prevalence countries and women).

There are serious gaps in the timeliness and completeness of data for Aboriginal and Torres Strait Islander communities. This must be resolved as an urgent national priority. Taken together, these limitations constrain the capacity of researchers, programmers and educators to respond to threats and monitor progress.

The solution

An additional investment from the Australian Government of **$400,000 per annum** would strengthen the national evidence base underpinning HIV prevention, testing and treatment initiatives. Proposed activities:

- convene a national roundtable on the epidemiological, behavioural and social data routinely required to inform and monitor progress toward the goals of the *National HIV Strategy,* and implement national reforms
- anticipate and advance reforms including:
  - conducting regular data linkages of HIV notifications and Pharmaceutical Benefits Scheme and Medicare Benefits Scheme data to strengthen HIV care cascades for sub-populations
  - creating an online data portal for access to quarterly HIV data on demand; or including HIV in an existing data portal, such as the National Notifiable Diseases Surveillance System
  - developing special HIV data reports periodically for each key population
  - producing quarterly PrEP dispensing reports to track uptake by population and location
  - expanding community-based surveillance to include coverage of the Northern Territory and key populations currently not covered
  - gathering qualitative data on behaviours, knowledge and risk practices among 'hidden populations'
- as part of that process, reform the architecture that delivers data and surveillance, with a stronger emphasis on collaboration with those who are charged with implementation of the *National HIV Strategy.*

Impact of investment

- Strengthening data systems and data architecture will produce more accurate, complete and timely data, which in turn will improve the capacity of the workforce to deliver tailored and impactful interventions.
- A more tailored response will increase the impact of HIV prevention efforts and result in an increase in testing and retention in care.