

10 December 2018

This paper provides AFAO members, affiliates and other stakeholders with an overview of the eighth [National HIV Strategy 2018-2022](#).

Executive Summary

The Strategy:

- retains the ambitious goal of the seventh Strategy – to virtually eliminate HIV transmission – with the timeframe extended to 2022
- aims to reach UNAIDS Fast-Track 2030 95-95-95 targets by 2022
- includes, for the first time, targets associated with the quality of life of people with HIV
- includes, for the first time, targets for reductions in stigma experienced by people with HIV and expression of stigma in relation to HIV
- acknowledges the significance of an undetectable viral load resulting in effectively no risk of sexual transmission
- include trans and gender diverse people as a priority population
- acknowledges the unique challenges of women with and at risk of HIV
- explicitly acknowledges and names the national community and health organisations involved in formulating the strategy and their role as partners Australia’s HIV response
- acknowledges the limited progress made against some targets of the last Strategy and the need for a revitalised response
- acknowledges that criminalisation impacts on priority populations and limits their ability to seek information, support and health care.

Introduction

Since the launch of the first *National HIV/AIDS Strategy* in 1989, Australia’s national HIV strategies have been pivotal to the success of Australia’s response to HIV prevention, and the treatment, care and support of people living with HIV. Along with the strategies, the partnership between the communities, governments, researchers and clinicians has been vital to Australia’s continued strong response.

The eighth *National HIV Strategy 2018-2022* was released by the Hon Greg Hunt MP, Federal Minister for Health, on 29 November 2018. The formulation of this Strategy builds on achievements and lessons learned from previous strategies and aims to provide a framework for all partners, guide decision making around resourcing and monitor progress in Australia’s response. The Strategy has goals, targets and priority areas for action to guide the national response to HIV through the period 2018-2022.

This Strategy explicitly acknowledges “the significant contribution of people with HIV and the national community and health peak organisations, and other organisations, representing communities and the clinical workforce over the course of the previous HIV strategies” and acknowledges the role that each organisation has played in the success of Australia’s HIV response. The organisations include the Australia Federation of AIDS Organisations (AFAO), the National Association of People with HIV Australia (NAPWHA), Australian Injecting and Illicit Drug

Users League (AIVL), Scarlet Alliance, Australian Sex Workers' Association, and the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM).

Guiding Principles

The Strategy has ten guiding principles “to support a high quality, evidence-based and equitable response to HIV”:

1. Centrality of people with HIV and meaningful involvement of priority populations
2. Human rights
3. Access and equity
4. Health promotion
5. Prevention
6. Quality health services
7. Harm reduction
8. Shared responsibility
9. Commitment to evidence-based policy and programs
10. Partnership.

Measuring Progress

The Strategy sets out goals, targets and priorities that will guide the HIV response for the period 2018-2022.

Goals

There are five goals this Strategy outlines to either be reached or maintained for the period 2018-2022:

- virtually eliminate HIV transmission in Australia by 2022
- sustain the virtual elimination of HIV transmission of people who inject drugs, sex workers and from mother-to-child
- reduce mortality and morbidity related to HIV
- eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health
- minimise the personal and social impact of HIV.

Targets

By 2022, the Strategy seeks to meet the following nine targets:

1. Increase the proportion of people with HIV (in all priority populations) who are diagnosed to 95 percent
2. Increase the proportion of people diagnosed with HIV on treatment to 95 percent
3. Increase the proportion of those on treatment with an undetectable viral load to 95 percent
4. Reduce the incidence of HIV transmissions in men who have sex with men (MSM)¹
5. Reduce the incidence of HIV transmission in other priority populations²
6. Sustain the virtual elimination of HIV among sex workers, people who inject drugs and from mother-to-child through the maintenance of effective prevention programs
7. Increase the proportion of eligible people who are on PrEP, in combination with STI prevention and testing to 75 percent
8. 75 percent of people with HIV report good quality of life

¹ Compared to 2016 data.

² Compared to 2016 data.

9. Reduce by 75 percent the reported experience of stigma among people with HIV, and expression of stigma, in relation to HIV status.³

Priority Populations

People with HIV

This Strategy acknowledges the significance of people with HIV having an undetectable viral load (UVL) in improving health outcomes, preventing onward sexual transmission and the role that care and support plays in the achievement of an UVL. Stigma and discrimination of people with HIV have been linked to poorer mental health outcomes and the lack of an enabling environment. People with HIV in older age groups is increasing which has implications for how the healthcare system and aged care services responds to the needs of these people.

The Strategy calls for the meaningful involvement of people with HIV in developing, implementing, monitoring and evaluation of HIV programs and policies. It is also highlighted how central this meaningful involvement is to the partnership approach and in determining the success of this Strategy.

Gay men and other men who have sex with men (MSM)

The Strategy acknowledges that HIV notifications in Australia remain concentrated in gay men and other MSM and that with tools like treatment as prevention (TasP), PrEP and increases in testing, Australia has an opportunity to significantly reduce HIV transmission in this population. It also acknowledges that the increasing rates of HIV transmission among gay and other MSM from Asia requires special attention as well as addressing barriers to accessing PrEP and other preventative measures for people not eligible for Medicare.

Aboriginal and Torres Strait Islander people

The Strategy highlights increases in HIV notifications among Aboriginal and Torres Strait Islander people since 2007, and a higher rate of notifications compared to Australian born non-Indigenous people. The Strategy notes that “tailored culturally inclusive and safe approaches are needed for people from remote, regional and urban areas; women; people who are highly mobile; people who inject drugs; people with complex needs; and people in custodial settings.”

Culturally and linguistically diverse (CALD) people from high HIV prevalence countries, people who travel to high prevalence countries, and their partners

The Strategy outlines the need for a focus on the following sub-populations: “gay men and other MSM, people who inject drugs, international students, people who are ineligible for subsidised health care, refugees, humanitarian entrants and women.” It also acknowledges a need for specific messaging about the risks of HIV and prevention strategies for people who travel to high prevalence countries.

Sex workers

The Strategy acknowledges the potential higher risk of exposure to HIV that sex workers face due to the nature of their work. Also outlined are the barriers that sex workers experience in accessing healthcare services, as well as the regulatory and legal issues that can prevent the use of evidence-based prevention. The Strategy notes the need for tailored peer-led approaches to sub-populations of sex workers and approaches to address stigma and discrimination, and regulatory and legal barriers to accessing services.

³ Compared to 2018 data.

People who inject drugs

It is noted that services provided by peer-based organisations and needle and syringe programs have been highly successful in maintaining low rates of HIV among people who inject drugs. The Strategy calls for a focus on access to injecting equipment for people in rural, regional and remote areas of Australia. Tailored approaches are also needed for specific sub-populations including Aboriginal and Torres Strait Islander people, gay men and other MSM and people experiencing homelessness or mental illness.

People in custodial settings

People in custodial settings experience barriers to HIV prevention including lack of access to sterile injecting equipment, sterile tattooing equipment, PrEP, Post-Exposure Prophylaxis (PEP), TasP, health promotion and condoms. Coupled with this lack of access are high levels of stigma and discrimination which impacts on people accessing prevention, testing treatment for HIV, in these settings. The Strategy highlights that '[e]ffective HIV prevention, testing and treatment for this population requires a strong, whole of government partnership approach'.

Trans and gender diverse people

This is the first Strategy that identifies trans and gender diverse people as a priority population. The Strategy acknowledges the need for improved data and research to better understand how HIV impacts people from these communities. The Strategy also acknowledges that "[i]mproved access to HIV prevention, testing and treatment will require improving the levels of literacy about gender diversity in the broader health workforce."

Women

While not listed as a priority population, women are specifically addressed in the Strategy. The Strategy notes that "women are recognised across most other priority populations. Women, both those with HIV and those at risk of HIV, have unique challenges and experiences that are not easily addressed solely on the basis of risk. It is important to apply a gender lens to all aspects of the HIV response to ensure their needs are considered and addressed."

Priority Areas for Action

The Strategy outlines six Priority Areas for Action:

Education and prevention

- Maintain focus on health promotion, prevention and peer education to improve knowledge and awareness of HIV in priority populations and reduce risk associated with HIV transmission
- Ensure priority populations have access to the means of prevention
- Increase knowledge of, and access to, TasP for individuals with HIV
- Increase knowledge of TasP for those individuals at risk of HIV.

Testing, treatment and management

- Improve the frequency, regularity and targeting of testing for priority populations and decrease rates of late diagnosis

- Improve early uptake of sustained treatment to improve quality of life for people with HIV and prevent transmission.

Equitable access to and coordination of care

- Ensure healthcare and support services are accessible, coordinated and skilled to meet the range of needs of people with HIV, particularly as they age
- Ensure people with HIV are engaged in the development, delivery and evaluation of the services they use.

Workforce

- Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people with HIV and other priority populations.

Addressing stigma and creating an enabling environment

- Implement a range of initiatives to address stigma and discrimination and minimise the impact on people's health-seeking behaviours
- Continue to work towards addressing legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours
- Strengthen and enhance partnerships and connections to priority populations, including the meaningful engagement and participation of people with HIV.

Data, surveillance, research and evaluation

- Continue to build a strong evidence base for responding to HIV in Australia that is informed by high-quality, timely data and surveillance systems.

Implementing this Strategy

The implementation of this Strategy is supported by four areas.

Leadership, partnership and connections to community

This highlights that the valuable partnerships between Commonwealth, State and Territory Governments and partners, including national peak bodies representing communities, health professionals and researchers will dictate the success of this Strategy. It stresses the importance of partnership with communities and the alignment of this partnership with the priorities of the Strategy, for progress to be effective.

Action Plan

A *National BBV and STI Strategies Action Plan 2018-2022* will be developed to outline the roles and responsibilities of governments and partners and the time frames for implementation of the Strategy's Priority Areas for Action. This includes indicators for measuring progress.

Governance, reporting and evaluation

The Strategy is endorsed by Australia's Health Ministers and governed through committees of the Australian Health Minister's Advisory Council (AHMAC). The Blood Borne Virus and Sexually Transmitted Infection Standing Committee (BBVSS) coordinates implementation efforts across the country and reports to the Australian Health

Protection Principal Committee (AHPPC) on implementation progress. BBVSS and the Communicable Diseases Network Australia (CDNA) will together monitor progress towards the targets of the Strategy and identify emerging issues and opportunities for action.

Surveillance and Monitoring Plan

A National BBV and STI Surveillance and Monitoring Plan 2018-2022 will be developed to inform and monitor progress on achieving the goals and targets of the Strategy.