

KEY STATS

NUMBER OF HIV NOTIFICATIONS FROM 2013



In Australia, **27,545** people were estimated to be HIV positive at the end of 2017.
2,899 people were unaware they were HIV positive.
The proportion of notifications among gay and bisexual men born in Asia has increased from **28% in 2008** to **52% in 2017**.

WHAT IS NEEDED

The fall in diagnoses comes after years of increased HIV testing and improved access to PrEP and HIV treatment.

Further reductions will be driven by:

- prompt implementation of the National HIV Strategy
- investment in education campaigns

Registration of a self-test is required to reduce late diagnosis and undiagnosed HIV.

More effort is needed on HIV transmission among Aboriginal and Torres Strait Islander people and non-Australian born gay and bisexual men.

A sustainable model of access to HIV treatment and PrEP for people ineligible for Medicare is needed.

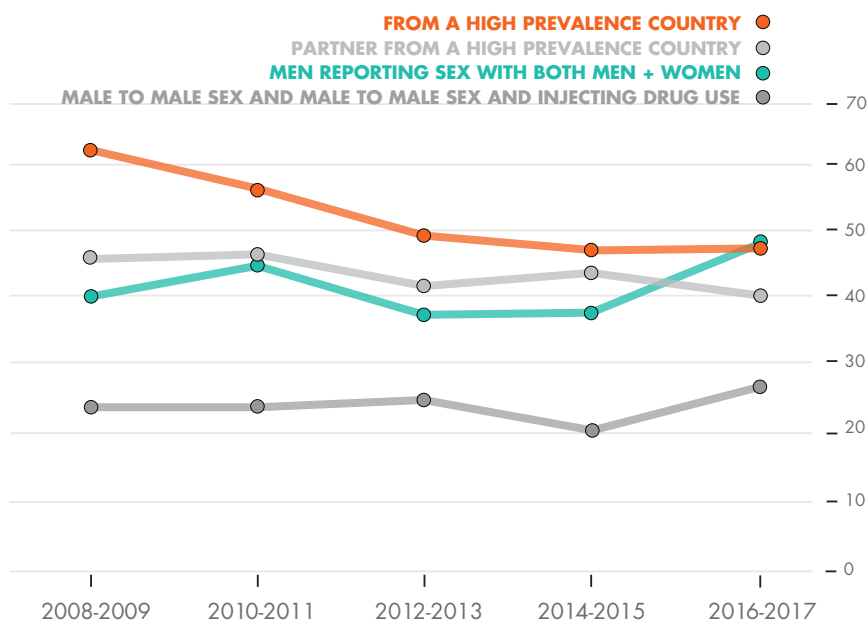
PROPORTION OF LATE HIV DIAGNOSES: 2008-2017

LATE DIAGNOSIS

The proportion of newly diagnosed HIV cases with a late diagnosis (<350 CD4 count) has remained steady over the past 10 years, with the proportion at its highest in 2017 at 36%.

This reinforces the need for:

- the registration of a HIV self-test
- programs to increase testing among hidden populations



INNOVATIONS IN HIV

PrEP (Pre-Exposure Prophylaxis):
The use of HIV medication by people at risk of HIV to prevent HIV acquisition.

In December 2017, of the estimated 35,981 gay and bisexual men eligible for PrEP, 15,895 were accessing it through demonstration projects.

This means 56% of men eligible were not accessing PrEP through these projects.

PrEP is now available through the PBS.

PEP (Post-Exposure Prophylaxis):
Month-long daily treatment to prevent HIV acquisition following exposure to risk.

TasP (Treatment as Prevention):
There is zero risk of sexual transmission from someone on HIV treatment with an undetectable viral load.

HIV self-testing:
HIV test device that enables HIV tests at home.

Australian research shows **HIV self-testing** devices increase testing among infrequent testers and non-testers.

In Australia, 11% of people with HIV are undiagnosed and 36% are diagnosed late.

HIV PREVALENCE IN AUSTRALIA

GAY AND
BISEXUAL MEN
7.9 %

PEOPLE WHO
INJECT DRUGS
0.7 %

ABORIGINAL &
TORRES STRAIT
ISLANDER PEOPLE
0.11 %

ALL ADULTS
IN AUSTRALIA
0.14 %

The risk of HIV acquisition among female sex workers is <0.1% per year.

HIV STRATEGY

Why is Australia's HIV response one of the best in the world?

PEER EDUCATION

Involving key populations in the response. Community-led HIV prevention. Peer-based rapid HIV testing.

HARM REDUCTION

Needle and syringe program.

PREVENTION

Health promotion programs reinforcing condom use, Undetectable=Untransmittable (U=U), regular HIV testing, PEP and PBS listing of PrEP.

GLOBAL TARGET

UNAIDS
GLOBAL 2030
TARGET

95%

UNAIDS
GLOBAL 2030
TARGET

95%

UNAIDS
GLOBAL 2030
TARGET

95%

AUSTRALIA

89%

of people living with
HIV are aware of
their status

AUSTRALIA

87%

of those people
diagnosed are
receiving treatment

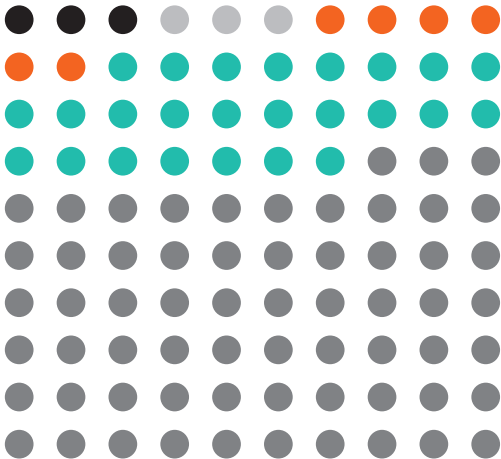
AUSTRALIA

95%

of those people
diagnosed and on
treatment have an
undetectable viral
load.

**26% OF PEOPLE LIVING WITH HIV IN AUSTRALIA
DO NOT HAVE A SUPPRESSED VIRAL LOAD**

HIV TRANSMISSION IN AUSTRALIA: 2017 DATA



3% INJECTING DRUG USE

3% OTHER/UNSPECIFIED

6% MSM AND INJECTING DRUG USE

25% HETEROSEXUAL SEX

63% MEN WHO HAVE SEX WITH MEN (MSM)

IMPACT OF HIV PREVENTION

In 2017, a **42% drop** in newly acquired HIV notifications among men who have sex with men, compared to the average of the last 5 years.

Australia has exceeded the 2020 UNAIDS target of **73% of all people with HIV** having an undetectable viral load.

Modelling shows that investment in HIV prevention can **save billions of dollars** through averted infections.

The annual lifetime costs of treatment and care for someone living with HIV is **\$1 million**.

Every \$1 spent on Needle and Syringe Programs **saves the community \$27** in healthcare costs.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

The rate of HIV diagnosis is **1.6 times higher** among the Aboriginal and Torres Strait Islander people than Australian born non-Indigenous people (**4.6 v 2.8 per 100,000**).

An **improved and sustained response** to HIV and STIs among Aboriginal and Torres Strait Islander communities needs to be planned and implemented.

WHAT **afao** AND ITS MEMBERS BRING TO THE RESPONSE

Initiated by the community

Designed by the community

Implemented by the community

Responsive to the evolving needs of the community

Often enacted through partnership with mainstream

Dependent on community for authority

AFAO and its members

The Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response in Australia. AFAO works to end HIV transmission and reduce its impact on communities in Australia, Asia and the Pacific. AFAO's members are the AIDS Councils in each state and territory; the National Association of People with HIV Australia (NAPVHA); the Australian Injecting & Illicit Drug Users League (AIVL); Anwernekenhe National HIV Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association. AFAO's affiliate member organisations – spanning community, research and clinical workforce – share AFAO's values and support the work we do.