

COMMUNITY LED EFFORTS

Specialised programs for hidden populations

OBJECTIVES

To 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.

CURRENT 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; and
- ➔ 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, indeed, a localised response to each hidden population would potentially duplicate effort across states and territories.

PROPOSED ACTIVITIES

Develop a nationally-coordinated and evidence-informed package of HIV education resources for local implementation. This package should 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

- 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 members of ‘hidden populations’.

COST-BENEFIT

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

ADDITIONAL INVESTMENT

\$3million per annum