

DATA, RESEARCH AND EVALUATION

HIV Surveillance

OBJECTIVES

To strengthen the national evidence base underpinning HIV prevention, testing and treatment initiatives.

CURRENT 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.

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 (gay and bisexual men living in regional areas, people from culturally and linguistically diverse backgrounds, transgender people, heterosexual

- people from at-risk populations and sex workers), including strengthening the funding and collaborative arrangements between federal and state governments and community organisations to produce sustainable data; and
- identifying opportunities to gather 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

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.

COST-BENEFIT

A more tailored response will increase the impact of HIV prevention efforts and result in an increase in testing and retention in care.

ADDITIONAL INVESTMENT

\$400,000 per annum