

# 2019-2020 Federal Pre-Budget Submission

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**[afao.org.au](http://afao.org.au)**

## Contact

**Darryl O'Donnell**

Level 1, 222 King St Newtown NSW 2042

T: +61 2 9557 9399

E: [Darryl.O'Donnell@afao.org.au](mailto:Darryl.O'Donnell@afao.org.au)

W: [afao.org.au](http://afao.org.au)

## Australian Federation of AIDS Organisations

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 (NAPWHA); the Australian Injecting & Illicit Drug Users League (AIVL); the Anwernekenhe National HIV Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association. AFAO's affiliate member organisations – spanning community, research, public health and clinical workforce – share AFAO's values and support the work we do.

The [Australian Federation of AIDS Organisations](#) (AFAO) welcomes the opportunity to provide a submission for the 2019-20 Federal Budget.

## Background

AFAO welcomes the release of Australia's suite of national blood borne viruses (BBV) and sexually transmissible infections (STI) strategies, in particular the eighth *National HIV Strategy*, the fifth *National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy* and the fourth *National Sexually Transmissible Infections Strategy*. The *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
- 95 per cent of people living with HIV knowing their status
- 95 per cent of people who are diagnosed on HIV treatment
- 95 per cent of people on treatment having an undetectable viral load.

This submission utilises and extends AFAO's [HIV Blueprint](#) which 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. This submission will highlight where these proposals align with the priority areas for action as outlined in the eighth *National HIV Strategy* and the fifth *National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy*, as well as highlighting priority areas for action relevant to our work from the fourth *National Sexually Transmissible Infections Strategy*.

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 and STI 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 and STI 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 would allow Australia to exceed 90 90 90 and rapidly work towards 95 95 95, as is the aim of the eighth *National HIV Strategy*. The implementation of the proposals would see 2,025 new HIV infections averted by 2,020, 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 on [AFAO's website](#) 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, support for peer-based organisations to conduct education and community outreach, provide guidance to allied workforces, and 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 **\$1.2 million per annum** to evaluate the effectiveness of national and local programs to guide adjustments as needed.

*Recommendation 8:* That the Australian Government invest an additional **\$500,000 per annum** to investigate inconsistencies in laws relating to HIV and STI transmission, exposure and with contemporary science across the states and territories.

*Recommendation 9:* That the Australian Government invest an additional **\$4 million per annum** for relevant community organisations to coordinate STI prevention, testing and treatment campaigns for gay and bisexual men.

*Recommendation 10:* That the Australian Government commit to renewing and increasing Australia’s contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria with a pledge of **\$250 million** for 2019-2021.

*Recommendation 11:* That the Australian Government leverage Australia’s track record of civil society and government partnership by programming **five per cent (\$12.5 million)** of Australia’s Global Fund contribution for strengthened community responses to HIV in the Asia Pacific region.

*Recommendation 12:* That the Australian Government commit Australia to playing a leading role in the 2021 United Nations General Assembly’s High-Level Meeting on HIV and AIDS to enable civil society organisations (CSOs) participation in the meeting and in the negotiation of an updated UN Political Declaration to Ending HIV.

## **Recommendation 1: Strengthen the national HIV response through prevention, testing and treatment campaigns, support for peer-based organisations for education and community outreach, provide guidance to allied workforces, and 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, 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, lesbian, gay, bisexual, transgender and intersex (LGBTI) press and new media
  - collaboration between community-led HIV organisations to provide a coherent and contemporary narrative of HIV in Australia.

### ***Aligning priority areas for action in the eighth National HIV Strategy***

- maintain and implement targeted programs, including community-led and peer-based approaches, which improve HIV-related knowledge, reinforce prevention and promote safe behaviours in priority populations

- promote the availability and effectiveness of post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP) and facilitate rapid, widespread and equitable access to PEP and PrEP across the country
- support the capacity and role of community organisations to provide education, prevention, support and advocacy services to priority populations.

### ***Impact of investment***

This investment will deliver greater efficiency in community-led efforts, reduce any remaining duplication, reduce the potential for inconsistent messaging and help to drive down HIV rates to very low levels. Greater efficiency in the community-led response to HIV coupled with decreasing levels of HIV will result in direct savings to the Australian Government in averted Pharmaceutical Benefits Scheme and Medicare Benefits Schedule costs beginning immediately and continue over the lifetime of each person whose HIV infection is averted.

## 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.

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 of 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 and STI outbreaks, including rapid testing, HIV and STI case management, availability of condoms, PrEP, PEP, clean injecting equipment and pharmacotherapy
- targeted health promotion in urban and regional areas addressing both HIV and STIs, for gay men and men who have sex with men and heterosexuals, especially young people
- ongoing support for Aboriginal HIV Awareness Week, the Anwernekenhe National HIV Alliance and the biannual Anwernekenhe Conference.

### **Aligning priority areas for action in the fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmitted Infections Strategy**

- implement, support and evaluate a range of community (co)-designed and led, evidence-based and multifaceted blood borne virus (BBV) and sexually transmitted infection (STI) education and prevention initiatives across priority settings to build community knowledge and awareness and effectively target and engage priority groups
- support sexual health education in schools and community settings to improve knowledge and awareness of health, relationships and STIs, reduce risk behaviours associated with the transmission of STIs, and highlight the importance of regular STI testing once sexually active
- build knowledge and awareness of the various means of prevention for BBVs and STIs, including reinforcing the central role of condoms, the importance of vaccination, the effective use of biomedical tools such as PEP, PrEP and HIV treatment as prevention (TasP)
- support widespread and equitable access to all means of STI and BBV prevention across the country in combination with STI and BBV prevention education and regular testing and treatment services
- implement a range of initiatives to address stigma and discrimination and minimise their impact on the health of Aboriginal and Torres Strait Islander people at risk of or living with a BBV and/or a STI.

### ***Impact of investment***

- improved health outcomes for Aboriginal and Torres Strait Islander people with HIV and/or STIs or at risk of HIV and/or STIs acquisition.
- reduced risk of onward HIV and/or STI transmission from undiagnosed infection.

This investment will work to close the gap between Aboriginal and Torres Strait Islander people and Australian-born non-Indigenous people in relation to HIV and STIs and substantially reduce the pool of individuals at risk of HIV and/or STIs, who have undiagnosed HIV and/or STIs and reduce the long-term clinical care costs associated with treating new HIV infections.

## 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 experiencing 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 over a third of HIV diagnoses occurring 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.

### **Aligning priority areas for action in the eighth National HIV Strategy**

- maintain and implement targeted programs, including community-led and peer-based approaches, which improve HIV-related knowledge, reinforce prevention and promote safe behaviours in priority populations
- promote the availability and effectiveness of post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP) and facilitate rapid, widespread and equitable access to PEP and PrEP across the country
- expand the use and accessibility of a range of HIV and STI testing technologies and options and tailor testing approaches to the needs of priority populations and sub-populations, particularly where there is a need to improve early diagnosis.

### **Impact of investment**

- reduced delay in time between seroconversion and HIV diagnosis, and HIV diagnosis and linkage to care

- increased testing among 'hidden' populations
- increased HIV prevention behaviours among 'hidden' populations.

This investment will reduce the prevalence of undiagnosed HIV infection and the pool of untreated HIV infection among 'hidden' populations.

## 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 wider community, health care settings, government agencies, workplaces and mainstream and online 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 ending 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.

### *Aligning priority areas for action in the eighth National HIV Strategy*

- implement initiatives to reduce stigma and discrimination across priority settings, including education which incorporates messaging to counteract stigma
- implement initiatives that assist people with, and at risk of, HIV to challenge stigma and build resilience
- monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response
- review and address institutional, regulatory and system policies which create barriers to equality of prevention, testing, treatment and care and support for people with HIV and affected communities.

### *Impact of investment*

- improve the health, wellbeing and quality of life of individuals with and at risk of 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 by reducing barriers associated with stigma.

## 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/or 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 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. They may also 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.

### *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
- the campaign would incorporate social media and traditional social marketing channels, with key messages including prevention, testing and treatment.

### *Aligning priority areas for action in the eighth National HIV Strategy*

- maintain and implement targeted programs, including community-led and peer-based approaches, which improve HIV-related knowledge, reinforce prevention and promote safe behaviours in priority populations
- promote the availability and effectiveness of PEP, PrEP and facilitate rapid, widespread and equitable access to PEP and PrEP across the country
- expand the use and accessibility of a range of HIV and STI testing technologies and options and tailor testing approaches to the needs of priority populations and sub-populations, particularly where there is a need to improve early diagnosis.

### *Impact of investment*

- reduce preventable infections
- improve uptake of testing and treatment among travellers who acquire HIV
- 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 reducing 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, 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 HIV epidemiological, social and behavioural research and international best practice HIV health promotion, as well as practical skill development on strategies to achieve behaviour change and measure outcomes
- the National HIV Health Promotion 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.

### **Aligning priority areas for action in the eighth National HIV Strategy**

- maintain and implement targeted programs, including community-led and peer-based approaches, which improve HIV-related knowledge, reinforce prevention and promote safe behaviours in priority populations
- support the capacity and role of community organisations to provide education, prevention, support and advocacy services to priority populations.

### **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 effective 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: Evaluate the effectiveness of national and local programs

### **Issues**

Evaluation is a key tool for ensuring that programs and services are appropriately tailored to the needs of key populations, 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** would allow organisations to evaluate their programs and services and ensure they are tailored to the needs of the key populations, at-risk individuals and people with HIV they serve. Proposed activities:

- create a dedicated national evaluation team that is available to conduct evaluation at the following levels:
  - micro level – to evaluate the reach, impact and outcomes of specific initiatives (for example, a health education campaign targeting a specific population), to make recommendations about upscaling, and to identify transferability to other localities and/or populations
  - meso level – to 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 – to evaluate the health and economic impact of sub-programs within the Australian HIV response.

### **Aligning priority areas for action in the eighth National HIV Strategy**

- ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy
- explore opportunities for assessing the impact of legislation and regulation on barriers to equal access to health care.

### **Impact of investment**

- creating dedicated capacity for evaluation will generate data not currently available to the response which, in turn, will improve the capacity of the workforce to deliver tailored and relevant and effective 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 8: Investigate inconsistencies in laws relating to HIV transmission, exposure and with contemporary science across the states and territories

### *Issues*

Throughout the course of the HIV epidemic in Australia, state and territory governments have used, and continue to use, the criminal justice system to respond to instances of individual conduct that intentionally or recklessly exposes others to HIV. Therefore, many jurisdictions have statutory provisions and laws that were informed by science and reasoning that is now outdated and inaccurate.

The *Doctrine of Precedent*, which guides judicial decision making in Australia, does not easily accommodate the rapid developments that have taken place in HIV science. These developments include highly effective HIV treatment which means a person diagnosed early with HIV should today expect to have a normal life expectancy and high quality of life. Additionally, powerful new evidence demonstrates conclusively that people with HIV on effective treatment who have an undetectable viral load do not transmit HIV to sexual partners.

Alleged HIV transmission or the impact of alleged HIV exposure is often being considered through the application of outdated science that does not take into account these developments. This has the unintended consequence of exposing people to the criminal justice system when many people living with HIV or at risk of HIV are utilising a range of very effective measures to prevent HIV transmission.

In effect, there are concerns that general criminal laws will continue to be used to prosecute HIV exposure or transmission, without consideration of contemporary HIV prevention science and in a way that is out of proportion with the harms that HIV now poses for the community.

### *The solution*

An additional investment from the Australian Government of **\$500,000 per annum** would allow the production of a report that investigates state and territory laws relating to HIV transmission, exposure and contemporary science to determine inconsistencies. Proposed activities:

- research, analyse and produce a national report investigating inconsistencies across state and territory laws relating to HIV transmission, exposure and contemporary science
- hand down recommendations in line with contemporary science for alterations to laws across states and territories and highlight how these impact people with HIV and affected communities
- support addressing HIV transmission through public health objectives rather than the criminal justice system.

### *Aligning priority areas for action in the eighth National HIV Strategy*

- monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response
- review and address institutional, regulatory and system policies which create barriers to equality of prevention, testing, treatment and care and support for people with HIV and affected communities.

### *Impact of investment*

- encourages people living with HIV, or at risk of HIV, to access health services and seek information about safe sexual practices
- improve the health, wellbeing and quality of life of individuals with HIV.

The recommendation would allow the identification of the legislative barriers that impede people's health-seeking behaviour in relation to HIV and identify how the removal of these will improve testing, treatment and retention in care for people with or at risk of HIV.

## Recommendation 9: Increase STI prevention, testing and treatment for gay and bisexual men through tailored campaigns

### *Issues*

Gay and bisexual men are disproportionately affected by STIs compared with the wider Australian population and experience a high prevalence and incidence of almost all STIs.

There has been an increase in the number of new chlamydia and gonorrhoea notifications each year amongst gay and bisexual men since 2013. The number of new syphilis infections each year in these groups fluctuated between 2013 and 2017 and was concentrated in urban settings. While there have been increases in notifications of chlamydia and gonorrhoea and fluctuations in syphilis notifications, there have also been increases in testing among gay and bisexual men for all three infections since 2013.

Although notifications among gay and bisexual men for chlamydia, gonorrhoea and syphilis has either increased or fluctuated between 2013-2017, increases in testing must be maintained among this population to ensure infections are diagnosed and treated as soon as possible to prevent onward transmission.

### *The solution*

An additional investment from the Australian Government of **\$4 million per annum** for relevant community organisations to coordinate STI prevention, testing and treatment campaigns for gay and bisexual men. Proposed activities:

- develop a nationally-coordinated package of STI 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 STI prevention and testing among gay and bisexual men. These should include:
  - program development and planning tools
  - health promotion campaign materials
  - session plans for community education
  - 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 STI among gay and bisexual men, and design strategic interventions to update the narrative across mainstream media, LGBTI press and new media
  - collaboration between community-led organisations to provide a coherent and contemporary narrative of STI among gay and bisexual men in Australia.

### *Aligning priority areas for action in the fourth National Sexually Transmissible Infections Strategy:*

- implement a national STI education initiative for priority populations to improve the community's understanding of STI, improve knowledge of risk behaviours and safer sex practices, assist in reducing STI-related stigma and support pathways to early testing and treatment
- implement targeted, age and culturally appropriate STI prevention education initiatives and resources for priority populations using a variety of relevant channels, including digital platforms and sites frequented by priority populations
- better connect priority populations to STI prevention education and services, including through outreach and peer-based approaches in priority settings
- promote consistent and effective condom and other barrier method use and increase access to acceptability of condoms amongst priority populations, including by increasing knowledge of where to access free and affordable condoms and other barrier methods and how to correctly and safely use them
- ensure PrEP for HIV prevention is combined with STI prevention education, access to condoms, and recommended regular STI testing
- develop and implement tailored promotion and engagement strategies for priority populations to improve the uptake of STI testing and treatment
- identify areas of need and frequency required for STI testing for priority populations

- support the capacity and role of community organisations to provide education, prevention, support and advocacy services to priority populations
- ensure that STI education, prevention, testing and treatment initiatives support efforts to counteract STI-related stigma.

### ***Impact of investment***

- increased STI testing among gay and bisexual men
- increased STI prevention behaviours among gay and bisexual men
- reduced risk of onward STI transmission from undiagnosed infection
- encourages gay and bisexual men with an STI, or at risk of STI, to access health services and seek information about safe sexual practices.

A more tailored and nuanced response to STIs among gay and bisexual men will increase the impact of STI prevention efforts and result in an increase in testing, diagnosis and treatment.

## Recommendation 10: Renew Australia's commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria for 2019-2021

### *Issues*

In 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) was founded as a public-private partnership. Since then the Global Fund has invested nearly US\$4 billion every year in locally designed and run prevention, treatment and care programs in countries and for communities most in need. Through the Global Fund, the world has witnessed a dramatic increase in access to antiretroviral therapy (ART) for HIV. Global Fund support has also contributed to building resilient health systems. The Global Fund's co-financing requirement has been increasing the amount of domestic funding contributed by partner countries in recent years – an essential element of moving health systems toward sustainability. Health programs supported by the Global Fund have saved 27 million lives as of the end of 2017.

The Global Fund's work supports Australia's aspirations for a strong and healthy region. Healthier communities are more likely to achieve sustainable economic growth and poverty reduction. Australia can now accelerate the impact of the Global Fund's work in preventing and providing access to treatment and prevention for HIV.

### *The solution*

For the Australian Government to increase Australia's contribution to the Global Fund with a pledge of **\$250 million** for 2019-2021.

### *Impact of investment*

- ensures key populations are represented in the development of policy and programs
- the allocation of resources to prevention and treatment
- implementation of programs that directly address prevention, testing, access to treatment, and stigma and discrimination

Civil society organisations (CSOs) will benefit from tailored capacity building work through Global Fund grants that address a range of both technical and programmatic issues, including investment efficiency, social contracting, domestic policy and advocacy, and next generation prevention.

## Recommendation 11: Program five per cent of Australia's Global Fund contribution for strengthened community responses to HIV in Asia and the Pacific

### **Issues**

Economic changes in the region have brought challenges and opportunities to the HIV response. The majority of multilateral institutions and bilateral funders determine where and how to allocate their development investments based on specific criteria laid out in an eligibility policy or set of political priorities. For almost all global health funders, one of the central metrics used is a country's Gross National Income (GNI) per capita. While donors also consider other metrics such as disease burden in determining which countries are eligible for which forms of assistance, low GNI per capita is often the clearest and firmest eligibility criteria.

As many low-income countries in the Asia Pacific region continue to experience rapid economic growth, they continue to cross donors' eligibility thresholds, triggering "transition" or withdrawal of critical development financing. To sustain recent global health gains and ensure no one is left behind, the risks that transition or donor withdrawal presents must be actively managed.

In Asia and the Pacific, many countries will transition from multiple donors with the next five years. These countries include Indonesia, Laos, Myanmar, Papua New Guinea, Timor Leste and Vietnam. Many of these countries are also experiencing an increase in privatisation or health insurance coverage which covers part of the cost of treatment and does not cover prevention measures. The departure of donors means that countries need to ensure expenditure on prevention is maintained or increased.

### **The solution**

The Australian Government leverage Australia's track record of civil society and government partnership by programming **five per cent (\$12.5 million)** of Australia's Global Fund contribution for strengthened community responses to HIV in Asia and the Pacific. Proposed activities:

- develop a Blueprint for the Asia Pacific region that clearly describes the additional effort and investment required to resource community organisations, research institutes and the community and clinical workforce to end HIV transmission in priority countries
- increase capacity of regional and national HIV CSOs to analyse policies, articulate key issues and influence decision makers
- strengthen community-led platforms at regional and national level and the links between community and decision makers
- compilation and sharing of lessons learned from countries transitioning from donor financed programs
- to develop the capacity of the most affected communities and their peer-based organisations to actively participate in national and regional responses to HIV.

### **Impact of investment**

- ensures key populations are represented in the development of policy and programs
- the allocation of resources to prevention and treatment
- implementation of programs that directly address prevention, testing, access to treatment, and stigma and discrimination.

Community organisations and key population networks have a critical role in shaping the regional and national responses to HIV. CSOs will benefit from tailored capacity building work that addresses a range of both technical and programmatic issues, including investment efficiency, social contracting, domestic policy advocacy, and next generation prevention.

## Recommendation 12: Commit Australia to playing a leading role in the 2021 United Nations General Assembly's High-Level Meeting on HIV and AIDS

### *Issues*

The 2016 High-Level Meeting on Ending AIDS focussed the world's attention on the importance of a Fast-Track approach to the AIDS response over the following five years. The UNAIDS Fast-Track approach aimed to achieve ambitious targets by 2020, including:

- fewer than 500 000 people newly infected with HIV
- fewer than 500 000 people dying from AIDS-related causes
- elimination of HIV-related discrimination.

It was out of this High-Level Meeting on Ending AIDS that a new and actionable Political Declaration was endorsed. This Political Declaration includes a set of specific, time-bound targets and actions that must be achieved by 2020 if the world is to get on the Fast-Track and end the AIDS epidemic by 2030 within the framework of the Sustainable Development Goals (SDGs).

Ensuring the success of the SDGs, including ending the AIDS epidemic, will require global solidarity and partnership, especially in times of diverse and demanding global challenges. Focus must remain strong and commitment to leaving no one behind and building a more sustainable world by 2030 must continue to be unwavering.

### *The solution*

The Australian Government commit Australia to playing a leading role in the 2021 United Nations General Assembly's High-Level Meeting on HIV and AIDS to enable CSOs participation in the meeting and in the negotiation of an updated UN Political Declaration to Ending HIV.

### *Impact of investment*

This commitment and allocation of support ensures Australia continues its strong history as a world leader in the response to HIV and AIDS and reaffirms this position on a world stage.