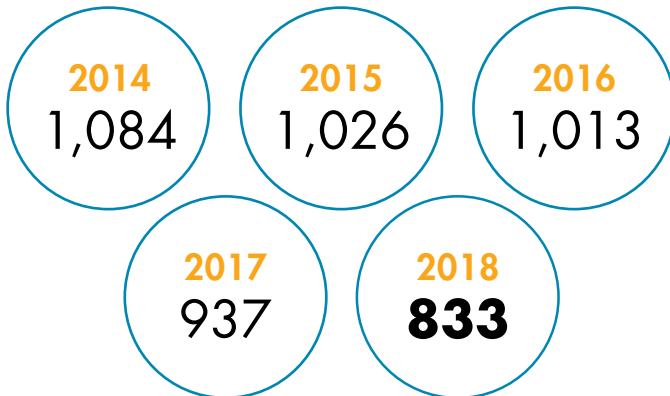


KEY STATS

NUMBER OF HIV NOTIFICATIONS FROM 2014



28,180 people were estimated to be living with HIV at the end of 2018.

2,690 people were unaware they were HIV positive.

KEY POINTS

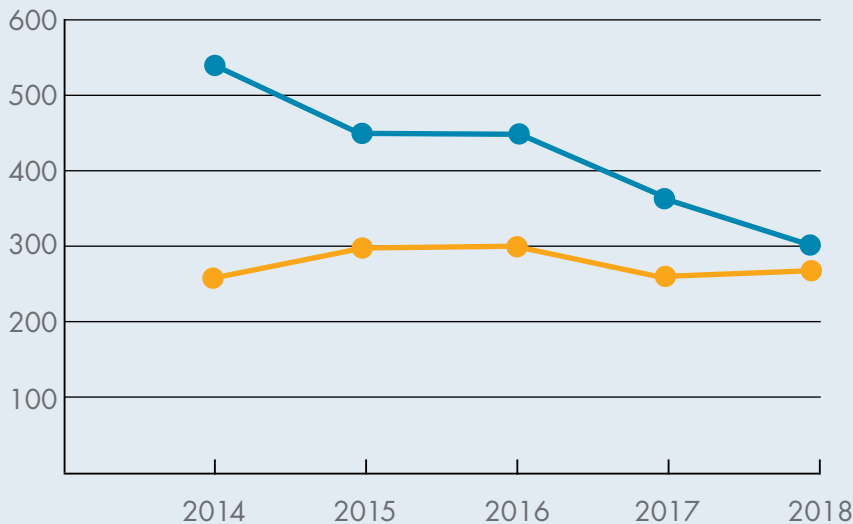
The fall in diagnoses is a result of community efforts to increase HIV testing, PrEP and HIV treatment.

- Further reductions will be driven by:
- Prompt implementation of the National HIV Strategy
 - Investment in community-led education campaigns
 - Decriminalisation of sex work

HIV transmission among Aboriginal and Torres Strait Islander people and continues to rise.

Access to HIV treatment and PrEP for people ineligible for Medicare is urgently needed.

HIV notifications among gay, bisexual and other MSM Australian-born vs overseas-born (2014-2018)



The proportion of HIV notifications among gay and bisexual men born overseas has **increased** from **29%** in 2009 to **47%** in 2018.

INNOVATIONS IN HIV

PrEP (Pre-Exposure Prophylaxis):

The use of HIV medication by people at risk of HIV to prevent HIV acquisition.

PEP (Post-Exposure Prophylaxis):

Month-long daily treatment to prevent HIV acquisition following exposure to risk.

HIV self-testing:

HIV test device that enables HIV tests at home.

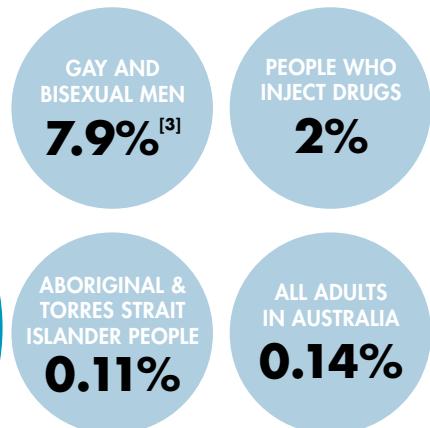
TasP (Treatment as Prevention):

There is zero risk of sexual transmission from someone on HIV treatment with an undetectable viral load.

Since April 2018, PrEP has been available through the PBS. As of March 2019, there were an estimated 23,020 accessing PrEP. However, there are 62,200 who are eligible for PrEP.^[2]

In November 2018, the first HIV self-test was approved. Australian research shows HIV self-testing devices increase testing among infrequent and non-testers. For the benefits of self-tests to be realised, availability needs to be expanded to pharmacies.

HIV PREVALENCE IN AUSTRALIA



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

GLOBAL TARGET

IMPACT OF HIV PREVENTION

The lifetime cost of treatment and care for someone with HIV is \$1 million. Modelling shows investment in HIV can save billions of dollars through averted infections.^[4]

Every \$1 spent on Needle and Syringe Programs saves the community \$27 in healthcare costs.^[5]

UNAIDS GLOBAL 2030 TARGET

95%

AUSTRALIA

90%

of people living with HIV are aware of their status

UNAIDS GLOBAL 2030 TARGET

95%

AUSTRALIA

89%

of those people diagnosed are receiving treatment.

UNAIDS GLOBAL 2030 TARGET

95%

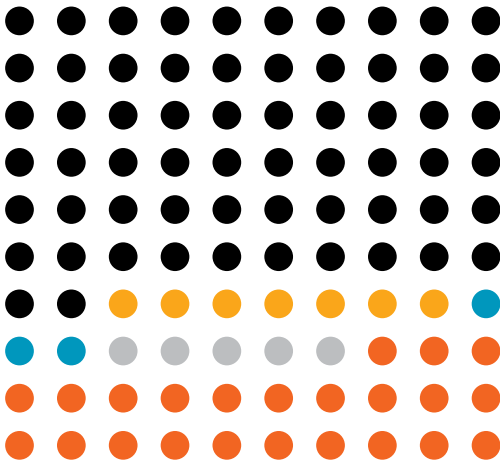
AUSTRALIA

95%

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

27% OF PEOPLE LIVING WITH HIV IN AUSTRALIA DO NOT HAVE A SUPPRESSED VIRAL LOAD

HIV TRANSMISSION IN AUSTRALIA: 2018 DATA



62% MEN WHO HAVE SEX WITH MEN (MSM)

7% MSM AND INJECTING DRUG USE

3% INJECTING DRUG USE

5% OTHER/UNSPECIFIED

23% HETEROSEXUAL SEX

WHY IS AUSTRALIA SUCCESSFUL?

COMMUNITIES LEADING THE RESPONSE

Ongoing investment in community-led HIV organisations.
Nationally coordinated health promotion.
Local implementation through AFAO members.

PEER EDUCATION

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

HARM REDUCTION

Needle and syringe programs.

PREVENTION

Health promotion programs reinforcing condom use, Undetectable = Untransmissible (U=U), regular HIV testing, PEP and PrEP.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

The rate of diagnosis is around twice as high among Aboriginal and Torres Strait Islander people than Australian born non-Indigenous people (4.7 v 2.3 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

[1] Unless referenced otherwise, data for this factsheet has been drawn from the Kirby Institute's What's new in 2018? webpage and the HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report (2018). [2] Modelling performed by the Kirby Institute and commissioned by AFAO. [3] Centre for Social Research in Health, UNSW (2017) Gay Community Periodic Surveys. [4] AFAO (2017) HIV Blueprint [5] Department of Health (2009) Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia.

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); the 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.

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