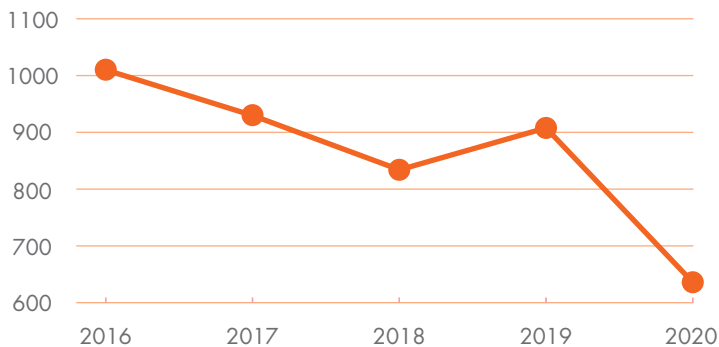


afao HIV IN AUSTRALIA 2022

KEY STATS

NUMBER OF HIV NOTIFICATIONS



29,090

people estimated to be living with HIV in 2020

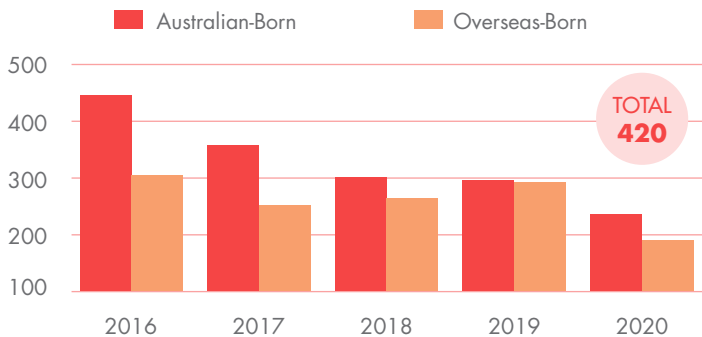


2,610

people unaware they are positive in 2020

HIV AND GAY AND BISEXUAL MEN

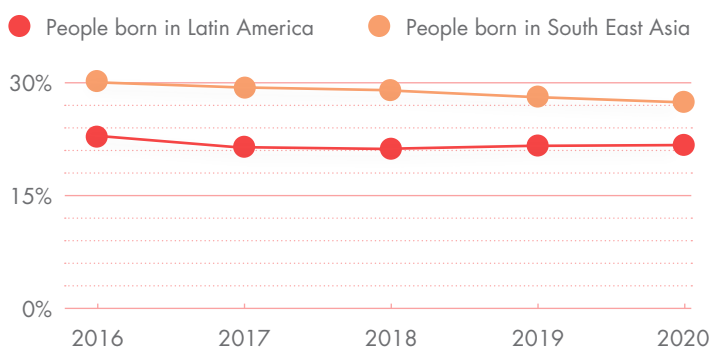
AUSTRALIAN-BORN VS OVERSEAS-BORN



People who are recently arrived from overseas are at higher risk of HIV. As borders re-open, we must make pre-exposure prophylaxis (PrEP) and testing more accessible.

PROPORTION OF PEOPLE WITH HIV UNDIAGNOSED

REGION OF BIRTH



KEY POINTS



HIV notifications have declined by 37% in Australia since 2016.



COVID-19 disruptions – including less HIV testing – have contributed to the dramatic drop in HIV notifications in 2020.



Most HIV transmission today occurs where one partner has HIV but does not know it. We must urgently restore testing rates to pre-pandemic levels.

INNOVATIONS IN HIV

TasP (TREATMENT AS PREVENTION)

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



HIV treatment must be available for all who need it, regardless of Medicare eligibility.

PrEP (PRE-EXPOSURE PROPHYLAXIS)

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

42,076 people had taken PrEP by the end of 2020.

COVID-19 disruptions to healthcare access led to a significant number of gay and bisexual men ceasing to use PrEP. There is a **critical need** for more education to scale-up PrEP as restrictions ease.

Making PrEP **available to all** who need it, regardless of their residency or visa status, will progress efforts to end HIV transmission in Australia.

PEP (POST-EXPOSURE PROPHYLAXIS)

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

HIV SELF-TESTING

HIV test device that allows testing at home

From late 2021, changes to the registration of Australia's HIV self-test will allow these tests to be sold by pharmacies and promoted widely.

Research shows HIV self-testing devices increase testing among infrequent testers and non-testers.

HIV PREVALENCE

Australia has virtually eliminated HIV transmission among sex workers and people who inject drugs. HIV prevalence is highest among gay and bisexual men.

GAY AND BISEXUAL MEN^[2]
7.3%

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE
0.1%



PEOPLE WHO INJECT DRUGS^[3]
2.5%

IMPACT OF HIV PREVENTION

AUSTRALIA IS UNIQUELY PLACED TO END HIV TRANSMISSION BY 2025

Modelling shows investment in HIV can avert over **6,000 new infections** and save **\$1.4 billion** by 2030.

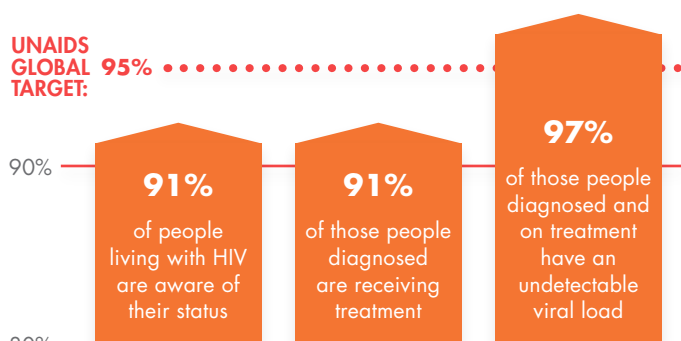


Every **\$1 spent** on Needle and Syringe Programs saves the community **\$27** in healthcare costs.



UNAIDS FAST-TRACK TARGETS

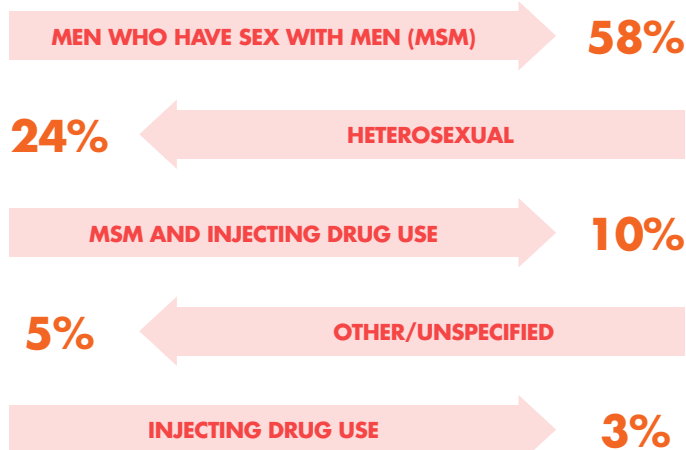
UNAIDS GLOBAL TARGET: **95%**



IN AUSTRALIA

19.5% OF PEOPLE LIVING WITH HIV IN AUSTRALIA DO NOT HAVE A SUPPRESSED VIRAL LOAD

HIV CASES IN 2020



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

Undetectable = Untransmissible (U=U)
– regular HIV testing, TasP, PrEP, PEP and condom use.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Between 2011 and 2016, the HIV notification rate among Aboriginal and Torres Strait Islander people increased from **3.6 to 6.3 per 100,000** and then declined to **3.1 per 100,000** in 2019.

In 2020, the HIV notification rate was **2.2 per 100,000** among Aboriginal and Torres Strait Islander people and **2.3 per 100,000** among Australian-born non-Indigenous people.

While there has been a **decrease in 2020**, smaller numbers mean we must be cautious in its interpretation. Culturally appropriate and scaled up prevention programs must be sustained for all those who need them.

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
- Partnerships with mainstream health providers
- Dependent on community for authority