



10 May 2022

# UPDATE: CHANGES TO HIV TREATMENT ACCESS FOR PEOPLE INELIGIBLE FOR MEDICARE

**AFAO and the National Association of People with HIV Australia (NAPWHA) have developed this briefing paper to update the HIV community workforce on a Commonwealth initiative to provide equitable access to HIV treatment for people ineligible for Medicare.**

HIV treatment must be available for all who need it, regardless of Medicare eligibility. AFAO and NAPWHA believe greater access to HIV treatment will keep people well and prevent onward transmission through effective and affordable treatment as prevention (TasP), ensuring Australia is on track to meet domestic and global elimination targets.

In 2020, 45% of new HIV notifications among gay and bisexual men were reported in overseas-born men.<sup>1</sup> Providing equitable access to HIV treatment and clinical care, regardless of visa status, is a key priority in the AFAO-led *Agenda 2025* consensus statement on ending HIV transmission in Australia. The Commonwealth initiative to provide HIV treatment for all is a vital step forward in the Australian HIV response with borders now open again and increasing numbers of temporary residents arriving in Australia.

## KEY POINTS

- At the 2021 World AIDS Day Parliamentary Breakfast, the Minister for Health, Hon Greg Hunt MP, announced an investment of \$39 million over five years to provide HIV treatment for people ineligible for Medicare.
- The investment will help an estimated 1,000 people with HIV who are ineligible for Medicare to access HIV treatment and HIV-related care each year.
- NAPWHA led the policy and advocacy strategy to realise this policy achievement.
- In Australia, 91% of people diagnosed with HIV use HIV treatment, and 97% of those diagnosed and on treatment have an undetectable viral load. 19.5% of people with HIV in Australia have not achieved an undetectable viral load.

This figure is comprised of people who are undiagnosed, diagnosed but not yet on treatment, or on treatment but yet to achieve an undetectable viral load.

- For Australia to reach the virtual elimination of HIV transmission, it is recommended that 98% of all people diagnosed with HIV be on treatment, with 98% of people on treatment sustaining an undetectable viral load.<sup>3</sup>
- It is not yet clear if people accessing HIV treatment through the new arrangement will need to make a co-payment for their HIV treatment. This may vary across the states and territories.
- HIV-related care for the purposes of accessing anti-retroviral medication will continue to be available through public clinics, including sexual health clinics.

## POLICY CONTEXT

UNAIDS has called for an end to AIDS as a global public health threat by 2030, defined as a 90% reduction in new HIV infections and AIDS-related deaths by 2030 compared to the 2010 baseline.<sup>4</sup> The *eighth National HIV Strategy 2018-2022* (the National Strategy) includes discrete targets around diagnosis, treatment commencement, and the achievement of a sustained undetectable viral load among people on HIV treatment.<sup>5</sup>

*AFAO renewed these targets through Agenda 2025. On HIV treatment, we call for:*<sup>6</sup>

1. ‘HIV Surveillance Data,’ Kirby Institute, UNSW Sydney (HIV Data, 2020) <<https://data.kirby.unsw.edu.au/hiv>>.

2. Ibid.

3. Andrew Grulich et al, Agenda 2025 Ending HIV Transmission in Australia (Technical Paper, June 2021) 18 <<https://www.afao.org.au/wp-content/uploads/2021/06/Agenda-25-Technical-Paper.pdf>> (‘Agenda 2025’).



- 98% of people diagnosed with HIV are on treatment.
- 98% of people on treatment have an undetectable viral load.
- 90% of people commence treatment within two weeks of diagnosis.

## EXISTING ACCESS ARRANGEMENTS

People ineligible for Medicare include temporary residents who enter Australia under several non-permanent visa arrangements. This means migrants to Australia under student, business, and employer-sponsored work visas have not received the same HIV care entitlements as Australian citizens or permanent residents.<sup>7</sup> Migrants to Australia experience larger gaps in their treatment and care cascade,<sup>8</sup> with many relying on non-durable sources of supply to access HIV treatment. These include pharmaceutical industry compassionate care arrangements and importations.<sup>9</sup>

## FUTURE ACCESS ARRANGEMENTS

The five-year investment will benefit an estimated 1,000 people with HIV in Australia per year, who do not have access to Medicare.<sup>10</sup> Reducing access inequalities will decrease the time between diagnosis and HIV treatment initiation. This has the twofold effect of enhancing an individual's health and preventing onward transmission of HIV.

It is not yet clear if people accessing HIV treatment through the new arrangement will need to make a co-payment for their HIV treatment. This may vary across the states and territories. HIV-related care for the purposes of accessing antiretroviral medication will continue to be available through public clinics, including sexual health clinics. The Commonwealth will continue working with states and territories to finalise the new arrangements ahead of the proposed commencement of the scheme on 1 July 2022.<sup>11</sup>

4. UNAIDS, End Inequalities, End AIDS, Global AIDS Strategy 2021-2026 (Global Strategy, 2021) <<https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>>.

5. Commonwealth Department of Health, eighth National HIV Strategy 2018-2022 (National Strategy, 2018) 17. <[https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\\$File/HIV-Eight-Nat-Strategy-2018-22.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/$File/HIV-Eight-Nat-Strategy-2018-22.pdf)>.

6. Agenda 2025 (n 3) 7.

7. Aaron Cogle and Kathy Petoumenos, Medicare ineligible PLHIV in Australia. An analysis of new data with recommendations for systematic improvements (Report, May 2019) 6 <[https://napwha.org.au/wp-content/uploads/2019/07/2019\\_NAPWHA\\_MedicareineligiblesPLHIVinAustralia\\_Analysis.pdf](https://napwha.org.au/wp-content/uploads/2019/07/2019_NAPWHA_MedicareineligiblesPLHIVinAustralia_Analysis.pdf)>.

8. Agenda 2025 (n 3) 19.

9. Cogle (n 7) 8.

10. Commonwealth Department of Health, '\$50 million investment in support for HIV and blood borne viruses' (Media Release, 1 December 2021) <<https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/50-million-investment-in-support-for-hiv-and-blood-borne-viruses>>.

11. Ibid.