HIV

Policy Position Statement

Key messages:	PHAA supports working with communities living with and at risk of HIV, in line with the national strategy, and evidence-based harm reduction approaches to risky sexual and injecting drug use behaviours.
Key policy positions:	1. Adequate funding must be provided for full implementation of the national HIV strategy, including HIV social and biomedical research. 2. Evidence based primary prevention strategies must continue to be implemented to reduce the incidence and impact of HIV.
Audience:	Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.
Responsibility:	PHAA Health Promotion Special Interest Group
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20 Napier Close Deakin ACT Australia 2600 – PO Box 319 Curtin ACT Australia 2605
T (02) 6285 2373 **E** phaa@phaa.net.au **W** www.phaa.net.au

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PHAA affirms the following principles:

1. People with human immunodeficiency virus infection (HIV) have the same rights to comprehensive and appropriate health care, income support, and community services as other members of the community. These rights extend to all people, including those deprived of their liberty through imprisonment or immigration detention.
2. People with HIV are central to the HIV response, and their meaningful participation at all levels is required in accordance with the GIPA/MIPA principles.[1, 2] Comprehensive health promotion including peer-based prevention and care programs, and genuine participation of all priority populations, are integral to an effective and sustainable strategy, and realisation of public health objectives.
3. Primary health care approaches are critical for ensuring equity and access to comprehensive, appropriate health care, health education, and health promotion.
4. Universal, comprehensive school based sexual health and relationships education is essential for continuing prevention among young people, and to place HIV in context.
5. Professional caregivers have a duty to care for people with HIV, as they would with people with any other medical condition. Employers have a responsibility to provide working conditions and training programs that minimise the risk of occupational exposure and transmission, and ensure that the workplace is free from stigma and discrimination.
6. Strategies must be evidence-based including the social, psychological, and medical factors that contribute to risk, modes of transmission, and the course of disease in people with HIV.
7. PHAA supports the use of appropriate health interventions to manage people who are at risk of HIV, or those people who intentionally place others at risk.
8. Adequately resourced and educated individuals, families, and communities within enabling environments share responsibility for protecting themselves and others from HIV. Governments and organisations share responsibility for adequately resourcing and informing communities and individuals, as well as creating and maintaining supportive environments for prevention.

PHAA notes the following evidence:

9. HIV and acquired immune deficiency syndrome (AIDS) continue to pose fundamental global population health and humanitarian challenges.
10. In 2020, an estimated 29, 090 people were living with HIV across Australia (0.14% of the total population), with 633 cases of HIV infection newly diagnosed.[3] The annual number of new HIV diagnoses continues to decline, including a 36% decline from 2011 (983 notifications) to 2020.[3] The 2020 decline is likely due in part to the impact of COVID 19 restrictions on socialising, travel, and healthcare access for testing, in addition to declines observed before 2020.[3]
11. Transmission continues to occur predominately through sexual contact between gay men and

other men who have sex with men (MSM). Of all new 2020 notifications, 58% were attributed to male-to-male sexual contact, representing a 12% decrease from 2011; 24% to heterosexual sex, representing an increase of 4% since 2011; 10%%, to male-to-male sex and injecting drug use; and 3% to injecting drug use.[3]

12. Nearly half (44%) of all notifications in 2020 were classified as late diagnoses (i.e. having a CD4+ cell count of less than 350 cells/µL), the highest proportion since 2011.[3]

13. The rate of notifications among Aboriginal and Torres Strait Islander peoples increased by 75% between 2011 (3.6 per 100,000) and 2016 (6.3 per 100,000), but declined in 2019 (3.1 per 100,00) and 2020 (2.2 per 100,000), In 2020, the notification rate for Australian born non Indigenous population was 2.3 per 100,000.[3]

14. There are inconsistent and insufficient data on HIV among trans and gender diverse populations in Australia available to inform policy and resource allocation.[4]

15. There is insufficient data on HIV impacts and outcomes for serodiscordant couples and their children, including cultural and intergenerational impacts

16. To date there is no effective vaccine or cure for HIV.

17. Improvements in the formulations of antiretroviral medications have slowed HIV disease progression, improving health outcomes for people living with HIV. Early initiation of antiretroviral therapy (ART), and sustained suppression of the virus through good adherence, effectively eliminates the risk of sexual transmission of HIV. This breakthrough in prevention, referred to as 'Undetectable = Untransmissible' (U=U), is critical in terms of empowering people living with HIV and contributes to addressing stigma and discrimination related to HIV infection.

18. ART can also be used as pre-exposure prophylaxis (PrEP)[5] which is highly effective in preventing transmission when used according to guidelines.[3].

19. Australia's strategic response includes targeted interventions aimed at priority populations: people with HIV; gay men and other MSM; Aboriginal and Torres Strait Islander people; culturally and linguistically diverse people from high HIV prevalence countries, and people who travel to these countries and their partners; trans and other gender diverse people; sex workers; people who inject drugs and people in custodial settings.[2]

20. In Australia, harm reduction policies and practices have been effective in reducing HIV risk factors, thereby maintaining a low HIV prevalence among sex workers and people who inject drugs.[2, 6]

21. The prevalence of HIV among Australian sex workers remains among the lowest in the world as a result of the maintenance of effective peer led prevention programs. To reduce the risk of HIV transmission among sex workers and their clients, the decriminalisation of sex work in all Australian jurisdictions would have the greatest impact on the course of HIV across all settings, averting 33-46% of infections over 10 years.[7]

22. To ensure the needs of people living with and affected by HIV are being met with access to testing and treatment, primary health services must implement and evaluate targeted workforce development including addressing issues of stigma and discrimination based on HIV status, sexual orientation and trans and gender diverse experience.

23. Informed consent must be obtained before any test is performed to diagnose a person's HIV status, as set out in the National HIV Testing Policy.

24. When people with HIV do not have access to comprehensive, appropriate health care and social

income support, access to healthcare is impeded and health outcomes are negatively impacted.

25. Although the Australian epidemic peaked in the 1980s, new infections are still occurring, particularly among gay men, MSM and heterosexual contact. Increases in the prevalence of other sexually transmitted infections (STIs) also raise concerns about HIV transmission, as the presence of an STI increases the risk of acquiring HIV.

26. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goals 3 – Good Health and Wellbeing.

PHAA seeks the following actions:

27. Full implementation of the Eighth *National HIV Strategy 2018-2022* which underpins state and territory responses:[2]
    a. Virtually eliminate HIV transmission in Australia in the life of this strategy including through scaling up PrEP access and uptake;
    b. Sustain virtual elimination of HIV transmission among people who inject drugs, sex workers, and between mother and child;
    c. Reduce mortality and morbidity related to HIV;
    d. Eliminate the negative impact of stigma, discrimination and legal and human rights issues on people's health; and
    e. Minimise the personal and social impacts of HIV.
28. Improvements to national standards on the collection of gender and sex diversity in disease surveillance and other population health data.
29. Improvements to national standards on the collection of HIV surveillance data for populations in prisons.
30. Support for needle and syringe exchange programs (NSPs) and other public health measures reducing HIV-related risks and harms among people who inject drugs, including in prisons.
31. Expand the use and accessibility of HIV and STI testing services, particularly for priority populations and where there is a need to improve early diagnosis.
32. Remove laws, policies and discriminatory practices that drive sex work underground and impede HIV-related services from reaching sex workers and their clients.
33. Remove laws and policies on mandatory HIV testing as they are at odds with national HIV testing policy.
34. HIV test results remain confidential and appropriate discussion provided before and after testing.
35. Greater efforts, resources and focus on addressing HIV among Aboriginal and Torres Strait Islander populations is warranted in the context of the broader sexually transmissible infections (STI) and blood borne viruses (BBV) response in Australia, as articulated in the Fifth *National Aboriginal and Torres Strait Islander BBV and STI Strategy 2018-2022*.[8]
36. Commonwealth and State/Territory governments ensure the provision of adequate primary health care services for all communities, to facilitate improved STI control and appropriate STI/BBV prevention programs. This includes appropriate services and facilities for the care and support of people from Aboriginal and Torres Strait Islander communities living with or affected by HIV.

37. Adequate funding for prevention, treatment, care and support and surveillance and research for HIV, HIV-related co-morbidities and STIs.
38. Adequate funding for care and support and research for culturally and linguistically diverse people living with HIV.
39. Formal acknowledgement of, and provision of dedicated support services to partners and immediate family to people living with HIV as sub-populations directly impacted by HIV.

PHAA resolves to:

40. Advocate for the above steps to be taken based on the principles in this position statement.

REVISED September 2022

(First adopted 1996, revised 2002, 2005, 2008, 2011, and 2019)

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