

HIV

Policy Position Statement

Key messages:	PHAA supports working with communities living with and at risk of HIV, in line with the Ninth National HIV Strategy 2024-2030 and evidence-based harm reduction approaches to risky sexual and injecting drug use behaviours.
Key policy positions:	<ol style="list-style-type: none">1. An integrative approach involving social and biomedical research, sustained and adequate funding of research, prevention and treatment programmes, continued political commitment, and partnership between different actors must be ensured to reduce HIV prevalence and protect those with HIV.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 (SIG)
Contacts:	Professor Muhammad Aziz Rahman Convenor Health Promotion SIG
Date adopted:	September 2025
Citation:	HIV: Policy Position Statement. Canberra: Public Health Association of Australia; 1996 [updated 2025]. Available from: URL

Human Immunodeficiency Virus (HIV)

Policy Position Statement

PHAA affirms the following principles:

1. People with human immunodeficiency virus (HIV) infection, and people at a higher risk of HIV, including people who inject drugs, men who have sex with men, and sex workers, 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 experiencing imprisonment or immigration detention.
2. People with HIV are central to the HIV response, and their meaningful participation at all levels of decision making is required following the Greater Involvement of People with HIV and acquired immune deficiency syndrome (AIDS) principles (GIPA principles).^{1, 2} Comprehensive health promotion, including peer-based prevention and care programs and genuine participation of all priority populations, is integral to an effective and sustainable strategy and the realisation of public health objectives.
3. A primary health care approach is critical for ensuring equitable access to comprehensive, appropriate health care, health education, and health promotion. These approaches are also key to increasing and diversifying testing sites across communities for rapid point of care testing (POCT) for HIV, collaborating with existing sexual health and priority population organisations to cross-promote sexual health messaging to target heterosexual and LGBTQIA+ community members, and building healthcare workers' skills and knowledge in POCT for HIV.²
4. Universal, comprehensive, school-based, sexual health and relationships education is essential for continuing prevention among young people, and to place HIV and other sexually transmitted infections (STIs) in context.¹
5. Healthcare professionals have a duty to care for people with HIV, as they would with people with any other medical condition. Employers are responsible for providing working conditions and training programs that minimise the risk of occupational exposure and transmission of HIV and ensure that the workplace is free from stigma and discrimination relating to HIV.²
6. Prevention and management 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. All individuals, families and communities share responsibility to prevent HIV transmission. Governments and organisations share responsibility for adequately resourcing and informing communities and individuals, as well as creating and maintaining supportive environments for prevention.^{1,2}

PHAA notes the following evidence:

8. HIV and AIDS continue to pose fundamental global population health and humanitarian challenges.¹

PHAA Position Statement on HIV

9. In 2022, there were an estimated 2,360 people living with HIV in Australia who were unaware of their HIV status (undiagnosed).³ In 2023, there were 30,010 people living with HIV in Australia.³ In Australia, there were 722 HIV notifications (the compulsory reporting of diagnosed HIV infections to the government health authorities) that were a first ever diagnosis in 2023 a 33% decline in notifications since 2014 (1079 notifications).³
10. Male-to-male sex is the leading HIV risk exposure in Australia, comprising of 456 (63%) HIV notifications in 2023 (including those reporting male-to-male sex and injection drug use), with heterosexual sex accounting for 205 (28%) notifications, and injection drug use for 17 (2%) notifications.³
11. The rates of HIV notification among Aboriginal and Torres Strait Islander people dropped by 45% from 5.3 to 2.9 per 100,000 from 2014 to 2023. In 2023, a total of 24 HIV notifications were reported among Aboriginal and Torres Strait Islander people, representing 3% of the total 722 notifications. Trends in HIV notification rates among Aboriginal and Torres Strait Islander people are based on small numbers and may reflect localised occurrences rather than national patterns.³
12. There are inconsistent and insufficient data on HIV among trans and gender diverse populations in Australia to inform policy and resource allocation.²
13. To date there is no effective vaccine or cure for HIV. Prevention is the only opportunity to stop the spread of HIV.
14. In Australia, prevention policies and practices have been effective in maintaining a low HIV prevalence among sex workers and people who inject drugs.^{2,4}
15. Based on the test for immune function, 37.0% of HIV cases were identified as late diagnoses. These diagnoses tend to have been in individuals who developed HIV at least four years before diagnosis.³
16. 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. Australia formally endorsed the 'Undetectable = Untransmissible' (U=U) Call to Action in 2024 which is critical in terms of empowering people living with HIV and contributes to addressing stigma and discrimination related to HIV infection^{1,3,4,5}. ART can also be used as pre-exposure prophylaxis (PrEP)⁴ which is highly effective in preventing transmission when used according to guidelines.³ ART can also be used as pre-exposure prophylaxis (PrEP)⁴ which is highly effective in preventing transmission when used according to guidelines.³
17. Australia's strategic response includes targeted interventions aimed at priority populations: people with HIV; gay men and other men who have sex with men (MSM); Aboriginal and Torres Strait Islander people; people who are 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.
18. 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 program.⁸ Global evidence shows that to reduce the risk of HIV transmission among sex workers and their clients, the decriminalisation of sex work has the greatest impact on the course of HIV across all settings, averting 33-46% of infections

PHAA Position Statement on HIV

over 10 years.⁶

19. Primary health services must implement and evaluate targeted workforce development to ensure the needs of people living with HIV are being met, including access to testing and treatment. Workforce development should include addressing issues of stigma and discrimination based on HIV status, sexual orientation and trans and gender diverse experience.¹
20. Informed consent must be obtained from the presenting person before any diagnostic test for HIV is performed, as set out in the National HIV Testing Policy.²
21. When people with HIV do not have access to comprehensive, appropriate health and social income support, access to healthcare is impeded and health outcomes are negatively impacted.² Without access to appropriate social income support and healthcare support, people with HIV can face barriers in receiving the level of care required to treat and manage HIV. This can result in negative health outcomes.³
22. Increases in the prevalence of other STIs also raise concerns about HIV transmission, as the presence of an STI increases the risk of acquiring HIV.³
23. Implementing the actions of this policy would contribute towards the achievement of UN Sustainable Development Goals 3 – [Good Health and Wellbeing](#).

PHAA seeks the following actions:

24. Full implementation of the Ninth *National HIV Strategy 2024-2030* which underpins state and territory responses:²
 - a. Virtually eliminate HIV transmission in Australia during the timeline 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.
25. Improve national standards on the collection of gender and sex diversity in disease surveillance and other population health data.
26. Improve national standards on the collection of HIV surveillance data for populations in prisons.
27. Government and other stakeholders should support needle and syringe exchange programs and other public health measures including HIV testing, early diagnosis, treatment and prevention, for reducing HIV-related risks and harms among people who inject drugs, including in prisons.
28. Commonwealth and state/territory governments should 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.
29. Commonwealth and state/territory governments should remove laws, policies and discriminatory practices that drive sex work underground and impede HIV-related services from reaching sex workers and their clients.
30. Commonwealth and state/territory governments should remove laws and policies on mandatory HIV testing

PHAA Position Statement on HIV

to align with the National HIV Testing Policy.

31. HIV test results must remain confidential in line with National HIV Testing Policy. Appropriate discussion on HIV testing must be provided before and after testing occurs.
32. Greater Commonwealth Government resources and focus on addressing HIV among Aboriginal and Torres Strait Islander populations is warranted in the context of the broader STIs and blood borne viruses (BBV) response in Australia, as articulated in the sixth *National Aboriginal and Torres Strait Islander BBV and STI Strategy 2023*.
33. Commonwealth and state/territory governments should 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.
34. Sustained political commitment, continued adequate funding and collaboration between various stakeholders at different levels of government to effectively prevent HIV among priority population groups.
35. Governmental and non-governmental organisations should provide adequate funding for prevention, treatment, support, surveillance and research for HIV, HIV-related co-morbidities and STIs.
36. Governmental and non-governmental organisations should provide adequate funding for the care, support and research for culturally and linguistically diverse people living with HIV.
37. Governmental and non-governmental organisations should formally acknowledge partners and immediate family to people living with HIV as sub-populations directly impacted by HIV and provide dedicated support service.

PHAA resolves to:

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

First adopted 1996, revised 2002, 2005, 2008, 2011, 2019 and 2025

References

1. Joint United Nations Programme on HIV/AIDS. The greater involvement of people living with HIV (GIPA). Policy Brief. http://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_gipa.pdf: UNAIDS; 2007.
2. Department of Health. Ninth National HIV Strategy 2024-2030. <https://www.health.gov.au/resources/publications/ninth-national-hiv-strategy-2024-2030?language=en>: Commonwealth of Australia; 2024.
3. King, J. et al. "HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2024", The Kirby Institute, UNSW Sydney; 2024. [Available at: <https://www.kirby.unsw.edu.au/sites/default/files/documents/ASR2024-HIV-2.pdf>]
4. World Health Organization. Guidance on oral pre-exposure prophylaxis (PrEP) for serodiscordant couples, men and transgender women who have sex with men at high risk of HIV: recommendations for use in the context of demonstration projects. Geneva: WHO; 2012.
5. Joint United Nations Programme on HIV/AIDS. UNAIDS Guidance Note on HIV and Sex Work.

PHAA Position Statement on HIV

UNAIDS/09.09E. Geneva: UNAIDS; 2012.

6. Shannon K, Strathdee SA, Goldenberg SM, Duff P, Mwangi P, Rusakova M, et al. Global epidemiology of HIV among female sex workers: influence of structural determinants. *The Lancet*. 2015;385(9962):55-71.
7. Department of Health. Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018-2022.
[https://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\\$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf): Commonwealth of Australia; 2018.
8. Huda, M. N. A mixed-methods study of sex work and the HIV prevention environment for female sex workers in Bangladesh: Doctoral dissertation, UNSW Sydney: 2019. [Available at:
<https://unsworks.unsw.edu.au/entities/publication/be245a11-c1cf-4966-88b6-de58d6428871>]